

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90076 035 ***150.00

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01122007 Chg-P CR2E034 (12/06)

DOCUMENT # S53571			
1. Entity Name ROSA F. TURNER, M.D., P.A.		Principal Place of Business 7150 WEST 20 AVE., STE 605 HIALEAH, FL 33016 US	
Mailing Address 7150 WEST 20 AVE., STE 605 HIALEAH, FL 33016 US		2. Principal Place of Business - No P.O. Box #	
Suite, Apt. #, etc.		3. Mailing Address	
City & State		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0256594		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TURNER, ROSA F M.D. 7150 WEST 20 AVE, STE. 605 HIALEAH, FL 33016		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, M.D., ROSA F. 7150 WEST 20 AVE., SUITE 605 HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Rosa F. Turner, M.D.</i>		Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			