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Feb 06, 1999 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-06-1999 90004 032 ****150.00

DOCUMENT # S89983

1. Corporation Name
LOUIS ROSA, III, M.D., P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1102 S FT HARRISON AVENUE
CLEARWATER FL 33756
US

Mailing Address
1102 S FT. HARRISON AVENUE
CLEARWATER FL 33756
US

3. Date Incorporated or Qualified
10/25/1991

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number
59-3094473
Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip Country

29 Zip Country

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, GREGORY D.
18167 US 19 NO.
SUITE 560
CLEARWATER FL 34624

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Table with 12 rows for Officers and Directors. Each row includes Title, Name, Street Address, and City-ST-ZIP, with a 'DELETE' checkbox.

Table with 13 rows for Additions/Changes to Officers and Directors in 12. Each row includes Title, Name, Street Address, and City-ST-ZIP, with 'Change' and 'Addition' checkboxes.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: Jan-13-1999 Daytime Phone #: 446-2311

CR2E034 (1/98)