

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90044 008 ***550.00

DOCUMENT # S97798	
1. Entity Name PAUL T. ROSE, MD PA	



Principal Place of Business 6140 BAYSIDE DR. NEW PORT RICHEY, FL 34652 US	Mailing Address 6140 BAYSIDE DR. NEW PORT RICHEY, FL 34652 US
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50057793



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07122005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3094664	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSE, PAUL T. 5341 GRAND BLVD, BLDG 1-#3 6140 BAYSIDE DR. NEW PORT RICHEY, FL 34652		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 <i>Paul T. Rose</i>	DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSE, M.D. PAUL T. 6140 BAYSIDE DR. NEW PORT RICHEY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.	
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SIGNATURE: <i>Paul T. Rose</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone
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