

✓58641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

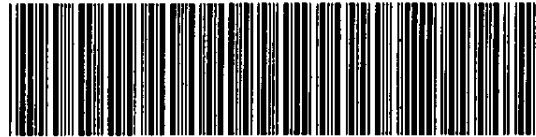
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500162684895

11/19/09--01044--010 \*\*35.00

RECEIVED  
FILING OFFICE  
TALLAHASSEE, FLORIDA

NOV 19 AM 8:33

641130

*R. A. Chong*

C.COULLIETTE

NOV 23 2009

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ROBERT J. ROSEN, MD, PA  
Name of Corporation

**DOCUMENT NUMBER:** VS8641

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT J. ROSEN  
Name of Contact Person

ROBERT J. ROSEN, MD, PA  
Firm/Company

1838 PARK STREET NORTH  
Address

ST. PETERSBURG FL 33710  
City/State and Zip Code

boro@tampabay.fl.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT J. ROSEN, MD at ( 727 ) 460-3191  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ROBERT J. ROSEN, MD, PA
2. The principal office address: 1838 PARK STREET NORTH  
ST. PETERSBURG, FL 33710
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/19/1992 Document number: V58641

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RICHARD D. JACOBS  
100 SECOND AVE. S. SUITE 400  
ST. PETERSBURG, FL 33701

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ROBERT J. ROSEN MD  
1838 PARK STREET NORTH  
P.O. Box NOT acceptable  
ST. PETERSBURG, FL 33710

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Robert Rosen  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

11/16/2009  
Date

If signing on behalf of an entity:

Robert Rosen  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314