

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 605150

**Entity Name:** SAMUEL G. ROSENTHAL, M.D., P.A.

**Current Principal Place of Business:**

3599-403 UNIVERSITY BLVD, S.  
SUITE 403  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

3599-403 UNIVERSITY BLVD, S.  
SUITE 403  
JACKSONVILLE, FL 32216

**FEI Number:** 59-1526070

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROSENTHAL, M.D., P.A, SAMUEL G  
3599-403 UNIVERSITY BLVD SOUTH  
JACKSONVILLE, FL 32216 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PST  
Name ROSENTHAL, SAMUEL G.  
Address 3599-403 UNIVERSITY BLVD S.  
City-State-Zip: JACKSONVILLE FL

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SAMUEL G. ROSENTHAL

PST

02/21/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date