

2014 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

01/29/2014

Electronic Signature of Signing Officer/Director Detail

_____ Date