

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K46373

**Entity Name:** HAROLD H. ROSEN, M.D., P.A.

**Current Principal Place of Business:**

1 WEST SAMPLE RD.  
SUITE 102  
POMPANO BCH., FL 33064

**Current Mailing Address:**

1 WEST SAMPLE RD.  
SUITE 102  
POMPANO BCH., FL 33064 US

**FEI Number:** 65-0085794

**Certificate of Status Desired:** No

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

ZUCKERMAN, LESLIE H.  
4000 HOLLYWOOD BLVD STE 485  
HOLLYWOOD, FL 00000 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 DR  
Name ROSEN, HAROLD H  
Address 1 WEST SAMPLE RD.  
City-State-Zip: POMPAN0 BEACH FL 33434

*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:** HAROLD ROSEN

**OFFICER**

**04/23/2015**

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

\_\_\_\_\_  
Date