

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000014009

Entity Name: ADAM M. ROSEN, M.D., INC.

Current Principal Place of Business:

612 DRUID RD E
CLEARWATER, FL 33756

Current Mailing Address:

612 DRUID RD E
CLEARWATER, FL 33756

FEI Number: 20-8349310

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LITTLE, MICHAEL G
911 CHESTNUT STREET
CLEARWATER, FL 33756 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 PD
Name ROSEN, ADAM MM.D.
Address 612 DRUID RD E
City-State-Zip: CLEARWATER FL 33756

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: ADAM M ROSEN MD

PRESIDENT

03/21/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date