

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000019757

Entity Name: ROBERT A. ROSEN, M.D., P.A.

Current Principal Place of Business:

3991 NIGHTHAWK DRIVE
WESTON, FL 33331

Current Mailing Address:

3991 NIGHTHAWK DRIVE
WESTON, FL 33331

FEI Number: 26-4408606

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSEN, ROBERT A
3991 NIGHTHAWK DRIVE
WESTON, FL 33331 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 D
Name ROSEN, ROBERT A
Address 3991 NIGHTHAWK DRIVE
City-State-Zip: WESTON FL 33331

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: ROBERT A. ROSEN MD

DIRECTOR

01/04/2017

Electronic Signature of Signing Officer/Director Detail

Date