

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600111

1. Entity Name

MARTIN B. GROSSMAN, M.D., P.A.

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90035 049 \*\*\*150.00

Principal Place of Business

Mailing Address

4701 MERIDIAN AVE  
 NICKOL E100  
 MIAMI BEACH FL 33140

4701 MERIDIAN AVE  
 NICKOL E100  
 MIAMI BEACH FL 33140-2910



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4701 MERIDIAN AVE

3. Mailing Address

4701 MERIDIAN AVE

Suite, Apt. #, etc.

NICHOL E100

Suite, Apt. #, etc.

NICHOL E100

City & State

MIAMI BEACH

City & State

MIAMI BEACH

Zip

FL

Country

USA

Zip

FL

Country

USA

4. FEI Number

59-0965172

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GROSSMAN, MARTIN  
 4701 MERIDIAN AVE., NICHOL E100  
 MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	GROSSMAN, MARTIN	4701 MERIDIAN AVE NICHOL E100	MIAMI BEACH FL 33140	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-00 305 538 0616

CR2E034 19/99