

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 600111

**Entity Name:** MARTIN B. GROSSMAN, M.D., P.A.

**Current Principal Place of Business:**

21097 NE 27TH CT  
SUITE 210  
AVENTURA, FL 33180

**Current Mailing Address:**

21097 NE 27TH CT  
SUITE 210  
AVENTURA, FL 33180

**FEI Number:** 59-0965172

**Certificate of Status Desired:** No

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

GROSSMAN, STUART IESQ.  
201 S. BISCAYNE BOULEVARD  
22ND FLOOR  
MIAMI, FL 33131-0710 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 P  
Name GROSSMAN, MARTIN  
Address 21097 NE 27TH COURT, SUITE 210  
City-State-Zip: AVENTURA FL 33180

Title OFFICER  
Name GROSSMAN, DAVID B. M.D.  
Address 21097 NE 27TH CT  
SUITE 210  
City-State-Zip: AVENTURA FL 33180

*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:** MARTIN GROSSMAN

**PRESIDENT**

**01/28/2015**

Electronic Signature of Signing Officer/Director Detail

Date