

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 FEB 28 PM 3: 59**

**DOCUMENT # 473853 (0)**

**1. Corporation Name  
KURLAND & GROVER, M.D., P.A.**

**Principal Place of Business Mailing Address  
4420 SHERIDAN ST 4420 SHERIDAN ST  
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 04/09/1975 3a. Date of Last Report 07/18/1994**

**4. FEI Number 59-1587304 Applied For Not Applicable**

**5. Certificate of Status Desired [ ] \$8.75 Additional Fee Required**

**6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees**

**8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No**

**2. Principal Place of Business 2a. Mailing Address**

**21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.**

**22 City & State 27 City & State**

**23 Zip Country 28 Zip Country**

**24 25 29 30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**KURLAND, LOUIS R. M.D.  
4420 SHERIDAN ST  
HOLLYWOOD FL 33021**

**81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code**

**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KURLAND, LOUIS R. M.D.</b>	1.2 NAME	
STREET ADDRESS	<b>4420 SHERIDAN ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GROVER, NORMAN R</b>	2.2 NAME	
STREET ADDRESS	<b>4420 SHERIDAN ST.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 unchanged, or as an attachment with an address.**

**SIGNATURE:**

*[Signature]*  
**LR KURLAND**

*2/23/95*

*305920001*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

System Filing #