


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 473853
 1. Entity Name
 KURLAND & GROVER, M.D., P.A.



Principal Place of Business
 4420 SHERIDAN ST
 HOLLYWOOD, FL 33021

Mailing Address
 4420 SHERIDAN ST
 HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1587304	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GROVER, NORMAN T MD
 4420 SHERIDAN ST
 HOLLYWOOD, FL 33021

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000074200
 03/03/04-80009-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KURLAND, LOUIS R., M.D. 4420 SHERIDAN ST. HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GROVER, NORMAN R 4420 SHERIDAN ST. HOLLYWOOD, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Norman Grover, MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/1/04 (954) 962 0000
Date Daytime Phone #