

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 515415

FILED
Apr 10, 2009
Secretary of State

Entity Name: RONALD S. GROBER, M.D. PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

2000 NEBRASKA AVENUE
FT. PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

2000 NEBRASKA AVENUE
FT. PIERCE, FL 34950

New Mailing Address:

FEI Number: 59-1695717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROBER, RONALD S M.D.
2000 NEBRASKA AVENUE
FT. PIERCE, FL 34950 US

Name and Address of New Registered Agent:

GROBER, RONALD S M.D.
7842 SABAL LAKE DRIVE
PORT ST. LUCIE, FL 34986 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

04/10/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GROBER, RONALD S.
Address: 2000 NEBRASKA AVE
City-St-Zip: FT. PIERCE FL,

Title: S () Delete
Name: GROBER, RONALD
Address: 2000 NEBRASKA AVE
City-St-Zip: FT. PIERCE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GROBER, RONALD S.
Address: 7842 SABAL LAKE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: S (X) Change () Addition
Name: GROBER, RONALD
Address: 7842 SABAL LAKE DRIVE
City-St-Zip: PORT ST. LUCIE, FL, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RONALD S. GROBER, M.D.

PD/S

04/10/2009

Electronic Signature of Signing Officer or Director

Date