

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # 549854

1. Entity Name
GORDON GRENN, D.O., P.A.



Principal Place of Business
C/O GORDON GRENN
4002 RAULERSON ROAD
LAKE WORTH, FL 33463

Mailing Address
C/O GORDON GRENN
4002 RAULERSON ROAD
LAKE WORTH, FL 33463



03052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1173343

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRENN, GORDON
4002 RAULERSON ROAD
LAKE WORTH, FL 33463

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000693866
04/16/07-80057-011 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME GRENN, GORDON L.
STREET ADDRESS 3755 CANTERBURY WAY
CITY - ST - ZIP BOCA RATON, FL

TITLE S
NAME GRENN, JUDITH B.
STREET ADDRESS 3755 CANTERBURY WAY
CITY - ST - ZIP BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *

Judith B. Grenn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDITH B. GRENN

4/1/07

Date

561-964-4077

Daytime Phone #