06-13-2005 90003 031 ***150.00
583854
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 20 AM 10: 14

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 583854

1. Entity Name
JOEL M. GROSSMAN, D.C., P.A.

Principal Place of Business	Mailing Address
165 PROMONADE CR HAETHROW, FL 32745 US	165 PROMONADE CR HAETHROW, FL 32745 US

06032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
163 PROMENADE CIRCLE		163 PROMENADE CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: HEATHROW, FL		City & State: HEATHROW, FL	
Zip: 32746	Country: US	Zip: 32746	Country: US

4. FEI Number: 59-1844584 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GROSSMAN, SARILEE E
163 PROMONADE CIRCLE
LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 163 PROMENADE CIRCLE
City: HEATHROW FL Zip Code: 32746

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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SP	☐ Delete	TITLE		X Change ☐ Addition
NAME	GROSSMAN, SARILEE F		NAME		
STREET ADDRESS	163 PROMENADE CR		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE	TD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	COHEN, HERBERT		NAME		
STREET ADDRESS	1220 TRENTWOOD CT		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Sarilee F. Grossman SARILEE F. GROSSMAN PRESIDENT 6/8/05 407-804-9987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #