

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

pg. 1

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 AUG -4 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 600765 (2)

1. Corporation Name

J.H. GROFF, MD., & ASSOC., P.A.

Principal Place of Business

Mailing Address

16800 NW 2nd AVE # 405
NORTH MIAMI BEACH, FL. 33169

16800 NW 2nd AVE # 405
NORTH MIAMI BEACH, FL. 33169

3. Date Incorporated or Qualified

12/31/1968

3a. Date of Last Report

04/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROFF, JULIAN H.
16800 NW 2nd AVE # 405
NORTH MIAMI BEACH, FL. 33169

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	GROFF, JULIAN H
STREET ADDRESS	16800 NW 2nd AVE # 405
CITY-ST-ZIP	NORTH MIAMI BEACH, FL. 33169

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	800002262403
1.3 STREET ADDRESS	-08/08/97-01140-021
1.4 CITY-ST-ZIP	***330.00 ***165.00

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: JULIAN H. GROFF MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on 8/11

305-652-8157
Daytime Phone #

CR2E034 (9/96)

J.H. Groff, M.D. & Associates, P.A.
Julian H. Groff, M.D., F.A.C.S.



pg. 2

OTOLARYNGOLOGY • FACIAL PLASTIC & RECONSTRUCTIVE SURGERY • HEAD & NECK SURGERY • ENT ALLERGY

PARKWAY MEDICAL PLAZA
16800 N.W. 2ND AVENUE • SUITE 405 • N. MIAMI BEACH, FL. 33169
PHONE: (305) 652-8151 • FAX: (305) 651-7257

July 22, 1997

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE : Document #600765, #S03885

To whom it may concern:

We are in receipt of your second notice for the fighting fees for the 1997 annual report. It was at this time that it came to our attention that a check #11754 written on March 10, 1997 for the amount of \$330.00 to cover the \$165.00 for each corporation has not been cleared by the bank. At this time we are requesting that you please honor this second check #12005 for the amount of \$330.00 for both corporations since we did file on time and for reasons beyond our control it was not received by you.

We will put a stop payment on the lost check. If you have any questions, please do not hesitate to contact us.

Sincerely,

A handwritten signature in dark ink, appearing to read 'm. groff'.

Julian H. Groff, M.D., FACS
JHG:APN