

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90114 006 ***158.75

DOCUMENT # 602909

1. Entity Name
J. HOWARD GRINER, M.D., P.A.

Principal Place of Business

**1212 N MAGNOLIA DRIVE
TALLAHASSEE FL 32308**

Mailing Address

**1212 N MAGNOLIA DRIVE
TALLAHASSEE FL 32308**

2. Principal Place of Business

3472 CEDAR LANE DR.
Suite, Apt. #, etc.

3. Mailing Address

3472 CEDAR LANE DR.
Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL.

City & State

TALLAHASSEE, FL.

4. FEI Number

59-1351569

Applied For

Not Applicable

Zip

Country

32312-1215

LEON

Zip

Country

32312-1215

LEON

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GRINER, J HOWARD
1212 N MAGNOLIA DR
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3472 CEDAR LANE DR.

City

TALLAHASSEE,

FL

Zip Code

32312-1215

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.

SIGNATURE

J. Howard Griner M.D.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GRINER, J HOWARD**
STREET ADDRESS **1212 N. MAGNOLIA DR**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **S** ☐ Delete
NAME **GRINER, J. HOWARD**
STREET ADDRESS **1212 N MAGNOLIA DR**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ Delete
NAME **GRINER, J HOWARD**
STREET ADDRESS **1212 N MAGNOLIA**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3472 CEDAR LANE DR.**
CITY-ST-ZIP **TALLAHASSEE, FL. 32312-1215**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3472 CEDAR LANE DR.**
CITY-ST-ZIP **TALLAHASSEE, FL. 32312-1215**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3472 CEDAR LANE DR.**
CITY-ST-ZIP **TALLAHASSEE, FL. 32312-1215**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Howard Griner M.D.
J. HOWARD GRINER, M.D., P.A. (PD)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/2002

Date

(850) 893-1771

Daytime Phone #

CR2E034 (9/01)