2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 03, 2006 08:00 AM Secretary of State DOCUMENT # F43264 1. Entity Name DAVID H. GROSS, D.P.M., P.A. Principal Place of Business Mailing Address 5622 CENTRAL AVE 5622 CENTRAL AVE ST PETERSBURG FL 33707 ST PETERSBURG FL 33707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied F City & State City & State 4. FEI Number 59-2100548 Not Applic Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GROSS, DAVID H Street Address (P.O. Box Number is Not Acceptable) 5622 CENTRAL AVE SAINT PETERSBURG FL 33707 City Zip Code 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 acceptable the obligations of registered agent. DATE Signature, type-d or printed name of registered agent and life if applicable (NOTE Registered Agent argnature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May : 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 ... Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete DILE NAME GROSS, DAVID H NAME STREET ADDRESS 5622 CENTRAL AVE STREET ADDRESS CITY-ST-ZIP C17Y-57-ZIP ST PETERSBURG FL Delete ☐ Change □ M:" THIF TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition. ☐ Change MLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-SI-78 CITY-ST-ZIP I Change Addition | TITLE Delete นกเย U00000488466 04/17/06-80009-001 150.00 NAME MAKE STREET ADDRESS STREET ADDRESS CHY-SI-ZIP Caty-St-Zip TITLE ☐ Delete 7171.5 Change ☐ Additio NAME MANAE STREET ADDRESS STREET ACCURESS CITY-ST-ZIP CITY-SI-ZiP Change ☐ Oelete ☐ Additic กาน TITLE NAME NAME SUBERT MODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this fixing does not qualify for the exemptions contained in Section 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 trusted 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

CHATTLE AND TYPE OF PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

03-10-06

Contract Disease &

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