


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90026 039 \*\*\*150.00

<b>DOCUMENT # F43264</b> 1. Entity Name <b>DAVID H. GROSS, D.P.M., P.A.</b>																							
Principal Place of Business <b>5622 CENTRAL AVE ST PETERSBURG, FL 33707</b>		Mailing Address <b>5622 CENTRAL AVE ST PETERSBURG, FL 33707</b>																					
2. Principal Place of Business - No P.O. Box # <b>888 WATER HYACINTH CT. NE.</b>		3. Mailing Address <b>888 WATER HYACINTH CT. NE.</b>																					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																					
City & State <b>ST. PETERSBURG FL</b>		City & State <b>ST. PETERSBURG FL</b>																					
Zip <b>33703</b>		Zip <b>33703</b>																					
Country <b>FLORIDA</b>		Country <b>FLORIDA</b>																					
6. Name and Address of Current Registered Agent  <b>GROSS, DAVID H 5622 CENTRAL AVE SAINT PETERSBURG, FL 33707</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <del>888 WATER HYACINTH CT. NE.</del> City <del>ST. PETERSBURG</del> <b>FL</b> Zip Code <del>33703</del>																					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GROSS, DAVID H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5622 CENTRAL AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ST PETERSBURG, FL</td> <td></td> </tr> </table>		TITLE	PD	<input type="checkbox"/> Delete	NAME	GROSS, DAVID H		STREET ADDRESS	5622 CENTRAL AVE		CITY - ST - ZIP	ST PETERSBURG, FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>888 WATER HYACINTH CT. NE.</b></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>ST PETERSBURG FL 33703</b></td> </tr> </table>		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS	<b>888 WATER HYACINTH CT. NE.</b>	CITY - ST - ZIP	<b>ST PETERSBURG FL 33703</b>
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03042008 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-2100548**

Applied For  
Not Applicable

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

No. 7 Filled out  
by mistake.  
Thank you  
DAG

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/08 727  
526-2700

Date Daytime Phone #