



FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90010 046 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | |
|---|---|---|
| DOCUMENT # H08860 | |  |
| 1. Entity Name MELVIN M. GROSSMAN, M.D., P.A. | | |
| Principal Place of Business 4700 SHERIDAN ST., #U HOLLYWOOD, FL 33021 US | | Mailing Address 4700 SHERIDAN ST., #U HOLLYWOOD, FL 33021 US |
| DO NOT WRITE IN THIS SPACE | | |
| | | 02252004 No Chg-P CR2E034 (10/03) |
| | | 4. FEI Number 59-2417063 |
| | | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent GROSSMAN, MELVIN M M.D. 4700 SHERIDAN ST., #U HOLLYWOOD, FL 33021 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GROSSMAN, MELVIN M. MD 4700 SHERIDAN ST #U HOLLYWOOD, FL | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| DO NOT WRITE IN THIS SPACE | | |
| 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:  | | 3-26-2004 984-962-6333 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # |