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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J30644

SUSAN GRENZ, M.D., P.A.

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90055 046 ***150.00

Principal Place	e of Business	Mailing	Address				,,, a.g. g.g., s.s.,		07811 Q1811 1881			
2467 ENTERPRISE RD. STE F GLEARWATER SUSSAN GRENZ MD PAGLEARWATER SUSSAN GRENZ MD I												
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2 Principal Di	DUNEDIN, FL 34	OBO Nail	ing (7.27s) 733	6600	04000	08/25/1986 4. FEI Number		T T.				
	(727) 733-6633	1	mig watersty 100	-0033		59-2712571		<u>'</u>	pplied For			
21 Suite Ant	#SUSAN CDE	26 Suit	a Ant # etc			39727 1237 1			ot Applicable			
Suite, Apt. #SUSAN GRENZ MD PA						5. Certifcate of Status Desired			Additional equired			
22 1972 BAYSHORE BLVD City & State City & StateDUNEDIN, FL 34698 28 (727) 732-6000												
23			Election Campaign Financing Trust Fund Contribution	□ ′	•	May Be to Fees						
Zip	Zip (727) 733-6683 Zip Country						ant ware latens		10 rees			
24	25	29	3(-, ´		This corporation owes the curr- Personal Property Tax.		Hole Yes	□No			
	9. Name and Address of Cu			<u> </u>		10. Name and Address of New F		<u> </u>				
	3. Nume und Address of Ca	Trem registered	Name	IV. Hame and Address of New I	ogistored rig							
GREI	n z, susan-	OT10 437	OD=370 3 44									
2 487	ENTERPRISE RD. STE F		GRENZ MI		Street Addres	ress (P.O. Box Number is Not Acceptable)						
GLEA	ARWATER FL 34623	197 2 BA	YSHORE I	3LVE								
			IN, FL 346									
•		(727)73		84	City		- 1	35 Zip	Code			
							<u> </u>					
11. Pursuant t	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 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 signature required when reinstating) DATE												
12.	PV9 DV5	AND DIRECTO	SHISAN CT	13. 9 13 A 7 4 2	3 675 5 .	ADDITIONS/CHANGES TO OF			DRS IN 12			
TITLE	GRENZ, SUSAN KATHRYN		1070 DATE	TOTAS	MD PA		L.] Change	L Addition			
NAME									Ì			
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NAME				6.2 NAME			_	Ū	_]			
STREET ADDRESS			SUSAN	P.PORT	DOMESTIC TO		÷					
CITY-ST-ZIP			1972 BAY	CACLACE		A .			ļ			
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e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information than the information of th 14. I hereby certify that the information supplied with this filling does not mailting the indicated on this annual report or supplemental annual report is the one with officer or director of the corporation or the receiver or trustee engaging day are up to the supplied of the corporation of the corporation or the receiver or trustee engaging day are up to the corporation of the corporation

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR