

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 11, 2004 8:00 am
Secretary of State

07-29-2004 90008 027 ***150.00

DOCUMENT # J30644 1. Entity Name SUSAN GRENZ, M.D., P.A.																													
Principal Place of Business Susan Grenz, MD 1964 Bayshore Blvd. DUNEDIN FL 34698 US (727) 733-6633		Mailing Address 1972 BAYSHORE BLVD DUNEDIN FL 34698 US																											
2. Principal Place of Business Suite, Apt. Susan Grenz, MD 1964 Bayshore Blvd. City & State Dunedin, FL 34698 Zip (727) 733-6633		3. Mailing Address Suite, Apt. Susan Grenz, MD 1964 Bayshore Blvd. City & State Dunedin, FL 34698 Zip (727) 733-6633																											
4. FEI Number 59-2712571		Applied For <input type="checkbox"/> Not Applicable																											
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent GRENZ, SUSAN 1972 BAYSHORE BLVD DUNEDIN FL 34698		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 accept the obligations of registered agent. SIGNATURE <u><i>Susan Grenz</i></u> Susan Grenz, MD 1964 Bayshore Blvd. Dunedin, FL 34698 (727) 733-6633 DATE 7/26/04																													
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>																											
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> <input checked="" type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> RVS GRENZ, SUSAN KATHRYN 1972 BAYSHORE BLVD DUNEDIN FL 34698 </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	RVS GRENZ, SUSAN KATHRYN 1972 BAYSHORE BLVD DUNEDIN FL 34698		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> Susan Grenz, MD 1964 Bayshore Blvd. Dunedin, FL 34698 (727) 733-6633 </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Susan Grenz, MD 1964 Bayshore Blvd. Dunedin, FL 34698 (727) 733-6633		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete																												
RVS GRENZ, SUSAN KATHRYN 1972 BAYSHORE BLVD DUNEDIN FL 34698																													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																												
Susan Grenz, MD 1964 Bayshore Blvd. Dunedin, FL 34698 (727) 733-6633																													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u><i>Susan Grenz</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 7/26/04 Daytime Phone # 430-9105																													

SUSAN GRENZ, M.D.

INTERNAL MEDICINE

Attachment

66431771

#J30644

(727) 733-6633

1964 B BAYSHORE BLVD.
DUNEDIN, FL 34698

Dear Sirs:

8/6/04

We moved our offices
in March & I did not receive
the renewal of corporation information
until July.

Please consider this in
crediting the penalty for
late filing.

Sincerely,

S. GRENZ

President of
Corporation.