

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90454 030 \*\*\*\*50.00

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000000744

1. Entity Name **Hand and Peripheral Nerve Specialists, P.L.**

**DO NOT WRITE IN THIS SPACE**

969120

2. Principal Place of Business  
**8940 North Kendall Drive**

3. Mailing Address  
**P.O. Box 43-0942**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#904 E**

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

4. FEI Number  
**65-0673357 (EIN of Member)**

Applied For

Not Applicable

Zip  
**33176**

Country  
**USA**

Zip  
**33243**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

**DO NOT WRITE  
IN THIS SPACE**

Name  
**John A.I. Grossman, M.D., F.A.C.S., P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**8940 North Kendall Drive #904 E**

City  
**Miami**

**FL**

Zip Code  
**33176**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Member  
John A.I. Grossman, M.D., F.A.C.S., P.A.  
8940 North Kendall Drive, #904 E  
Miami, Florida 33176**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**John A.I. Grossman, M.D., F.A.C.S., P.A.**

**President**

**SIGNATURE: By:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

305-661-2004

CR2E083B (12/01)

Attachment  
969120

**HAND AND PERIPHERAL NERVE SPECIALISTS, P.L.**  
**8940 NORTH KENDALL DRIVE #904 E**  
**MIAMI, FLORIDA 33176**

#L01000000xKly

June 7, 2002

**Via Federal Express**

Division of Corporations  
Registration Section  
409 E. Gaines Street  
Tallahassee, FL 32399

**Re: Annual Business Report**

To Whom It May Concern:

Enclosed please find the completed annual business report for HAND AND PERIPHERAL NERVE SPECIALISTS, P.L., a Florida Professional Limited Liability Company, Document Number L01000000744, together with a check for \$50.00 made payable to the Florida Department of State. The submission is late because the Company is a new business which had never previously filed an annual report and did not receive the annual report form in the mail. Thank you in advance for your prompt attention to this matter.

Very truly yours,

JOHN A. I. GROSSMAN, M.D., F.A.C.S., P.A., Member

By: 

John A. I. Grossman, President

Enclosures