

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

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90079 035 \*\*\*\*55.00

DOCUMENT # *LO10000 20111*

1. Entity Name

*Francine Gross, MD Professional LLC*

**DO NOT WRITE IN THIS SPACE**

*909365*

2. Principal Place of Business

*8451 SHADE AVE*

3. Mailing Address

*786 AVE C SW*

Suite, Apt. #, etc.

*Bldg #2*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Sarasota FL*

City & State

*WINTER HAVEN FL*

4. FEI Number

*26-001-04-44*

Applied For

Not Applicable

Zip

*34243*

Country

*US*

Zip

*33883*

Country

*US*

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

*DAVID POBJECKY, PA*

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

*786 AVE C SW*

City

*WINTER HAVEN*

*FL*

Zip Code

*33883*

**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.

SIGNATURE

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

DATE

FEE IS \$50.00 *\$55*

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*MGRM*

*Francine Gross*

*234 Ruby Lake Ln*

*Winter Haven FL 33884*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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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)(f), 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.

SIGNATURE:

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

Date

Daytime Phone #

*1/15/02 863 318 0841*

CR2E083B (12/01)