

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000029526

1. Entity Name

DEBORAH L. GROSE, LMT, P.A.



Principal Place of Business

3300 S. TAMiami TRAIL  
STE 2  
SARASOTA, FL 34231

Mailing Address

3300 S. TAMiami TRAIL  
STE 2  
SARASOTA, FL 34231



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0993661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

GROSE, DEBORAH L  
3300 S. TAMiami TRAIL  
STE 2  
SARASOTA, FL 34231

**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

*Deborah L. Grose*

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

(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. ☐

**\$5.00** May Be  
Added to Fees

000000115603  
04/16/04-80030-025 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME GROSE, DEBORAH L  
STREET ADDRESS 3300 S TAMiami TR., #2  
CITY-STATE-ZIP SARASOTA, FL 34231

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-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 I am empowered.

SIGNATURE:

*Deborah L. Grose*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

914-8639