

**FILED**  
**Jul 17, 2008 08:00 AM**  
**Secretary of State**

1. Entity Name  
GRABOIS AND FIRESTONE, M.D., P.A.



Mailing Address  
21110 BISCAYNE BOULEVARD  
SUITE 312  
AVENTURA, FL 33180

**DO NOT WRITE IN THIS SPACE**



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1074670

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EISENBERG, STEVEN  
13790 NW 4TH STREET  
STE 100  
SUNRISE, FL 33325

**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.

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

(NOTE: Registered Agent signature required when reinstating)

U00000955463

~~07/17/00 00005-005 150.00~~

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	D
NAME	B. MITCHELL GRABOIS, M.D.
STREET ADDRESS	21110 BISCAYNE BOULEVARD #312
CITY - ST - ZIP	AVENTURA, FL 33180

TITLE	D
NAME	FIRESTONE, MARK A M.D.
STREET ADDRESS	21110 BISCAYNE BOULEVARD #312
CITY - ST - ZIP	AVENTURA, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/00 305 933 3030