

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 15 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000036059

1. Entity Name

LINDA A. GROENE, M.D., P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6405 N FEDERAL HIGHWAY

Suite, Apt. #, etc.

SUITE 102

3. Mailing Address

6405 N FEDERAL HIGHWAY

Suite, Apt. #, etc.

SUITE 102

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

03

City & State

FORT LAUDERDALE, FLORIDA

City & State

FORT LAUDERDALE, FLORIDA

4. FEI Number

65-1100216

Applied For

Not Applicable

Zip

33301

Country

Zip

33301

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LINDA GROENE

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

2420 CASTILLA ISLE

City

FORT LAUDERDALE

FL

Zip Code

33301

**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 the filer is required.)

(NOTE: Registered Agent Signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
PRESIDENT
LINDA A. GROENE, MD
STREET ADDRESS
2420 CASTILLA ISLE
CITY-STATE-ZIP
FORT LAUDERDALE, FL 33301

TITLE
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IN THIS SPACE**

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10/15/03--01003--008 **150.00

PL 10/16

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 507, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other filer empowered.

SIGNATURE:

L A Groene

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-753-5900

(24)

Exhibit 1 to Form 9

CR2E034B (12/02)



Edwin Andrews and Company, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

6574 North State Road Seven • Suite 115 • Coconut Creek, Florida 33073-3617

Phone: 954-753-5900 • 877-753-5900 • Fax: 954-755-2500

Website: www.eacpa.com • Email: eacpa@gate.net

October 2, 2003

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Linda A. Groene, M.D., P.A.
Document No. P01000036059

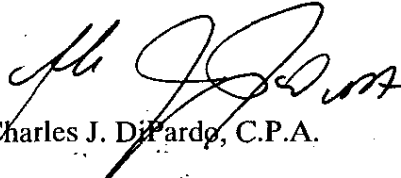
Dear Sir or Madam,

We are contacting you on behalf of our client, Linda A. Groene, M.D., P.A. It has come to our attention that the above corporation has been administratively dissolved due to lack of filing of the Uniform Business Report. Our client has contacted us indicating that she never received the 2003 Uniform Business Report to sign. This is her second year of operation and she was unaware that the report needed to be filed every year. We are enclosing a completed 2003 Uniform Business Report and a check payable to the Secretary of State for \$150.00. We are asking that you accept this filing and reinstate the corporation.

If you should have any questions, please do not hesitate to contact us.

Sincerely,

EDWIN ANDREWS AND COMPANY, P.A.



Charles J. DiFardo, C.P.A.

/kg

Enclosures