2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 04, 2004 08:00 AM DOCUMENT # P02000109439 **Secretary of State** 1. Entity Name DR. JAIME A. GROSSMAN & ASSOCIĄTES, P.A. Principal Place of Business Mailing Address 440 ROOSEVELT AVENUE SATELLITE BEACH FL 32937 440 ROOSEVELT AVENUE SATELLITE BEACH FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 06-1652724 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** City Zip Code 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 agont and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE IIILE ☐ Change ☐ Addition ☐ Delete NAME GROSSMAN, JAIME A O.D. NAME U00000036243 02/06/04-80050-015 150.00 440 ROOSEVELT AVE STREET ADDRESS STREET ADDRESS CITY ST ZIP SATELLITE BEACH FL 32937 CITY-ST-ZIP BILE THLE ☐ Change Delete Addition GROSSMAN, JODI NAME MAME STREET ADDRESS 440 ROOSEVELT AVE STREET ADDRESS SATELLITE BEACH FL 32937 C37Y - S3 - Z3P CITY - ST-ZIP ☐ Addition TITLE Delete TITLE Change HAME NAME STREET ADDRESS STREET ADDRESS C3TY - \$3 - 73P CITY-ST-7IP T331 F Delete TOTLE Change Addition NAME MAN STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP TITLE Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CTTY - ST- Z)P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

GROSSMAN\_

2/2/04 (32)773-76
Date Daytime Prone #

**FILED**