

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90143 037 ***150.00

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DOCUMENT # P02000109439

1. Entity Name

DR. JAIME A. GROSSMAN & ASSOCIATES, P.A.



Principal Place of Business
27001 U.S. HIGHWAY 19 NORTH
SUITE 1069
CLEARWATER FL 33761

Mailing Address
27001 U.S. HIGHWAY 19 NORTH
SUITE 1069
CLEARWATER FL 33761

60020404



2. Principal Place of Business

777 East Merritt Island
causeway
located in Lenscrafters

3. Mailing Address

440 Roosevelt Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Merritt Island, FL

City & State

Satellite Bch, FL

Zip

32952

Country

Brevard

Zip

32937

Country

Brevard

4. FEI Number

06-1652724

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

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

City

FL

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 PD
NAME GROSSMAN, JAIME A O.D.
STREET ADDRESS 27001 U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE ST
NAME GROSSMAN, JODI
STREET ADDRESS 27001 U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Grossman Jaime A. O.D.
STREET ADDRESS 440 Roosevelt Ave.
CITY-ST-ZIP Satellite Bch, FL 32937 ☒ Change ☐ Addition

TITLE ST
NAME Grossman Jodi
STREET ADDRESS 440 Roosevelt Ave.
CITY-ST-ZIP Satellite Bch, FL 32937 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

Jaime A. Grossman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

Date

727 9458093

Daytime Phone #

CR2E034 (10/02)