


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P05000134315</b> 1. Entity Name STYPEREK-GROHMANN, P.A.	
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Principal Place of Business 2314 SOUTH SEACREST BOULEVARD SUITE 201 BOYNTON BEACH, FL 33435	Mailing Address 2314 SOUTH SEACREST BOULEVARD SUITE 201 BOYNTON BEACH, FL 33435
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**DO NOT WRITE IN THIS SPACE**

01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3565395	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

STYPEREK-GROHMANN, KINGA EVA  
2314 SOUTH SEACREST BOULEVARD  
SUITE 201  
BOYNTON BEACH, FL 33435

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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST STYPEREK-GROHMANN, KINGA EVA 2314 SOUTH SEACREST BOULEVARD SUITE 201 BOYNTON BEACH, FL 33435
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03/27/07-80066-015 158.75

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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:**  **K. Eva Styperek-Grohmann, M.D.**  
3/14/07 561 735-7766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #