

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

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90015 043 ***150.00

DOCUMENT # *P93 000045370*

1. Entity Name
Christine A. Grissom, M.D., P.A.



DO NOT WRITE IN THIS SPACE

94051808

2. Principal Place of Business
5200 State Rd 46

3. Mailing Address
Same 5200 State Rd 46

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mims, FL

City & State

Mims, FL

4. FEI Number

59-3188569

Applied For

Not Applicable

Zip
32754

Country
USA
Brevard

Zip
32754

Country
USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
Christine A. Grissom

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

5200 State Rd 46

City

Mims

FL

Zip Code

32754

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

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
STREET ADDRESS
CITY-ST-ZIP
President
Christine A. Grissom
5200 State Rd 46
Mims, FL 32754

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Christine A. Grissom*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine A. Grissom 321-264-6354
Date 4/11/04 Daytime Phone #

CR2E034B (12/02)