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

DOCUMENT # P93 00045370

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

## **FILED** Apr 15, 2004 8:00 am Secretary of State 04-15-2004 90015 043 \*\*\*150.00

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City & State     Minns    Fl     Minns    Fl     Country USA     State			5200 Sta	Same	5200 State Rd 46		
Mims F Country J S A Country J S A PREVARED DO NOT WRITE  IN THIS SPACE  The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  Signature jupical or primar name of registered agent are the if approache.  Signature jupical or primar name of registered agent.  Signature jupical or registered agent.  Signature jupical or primar name of registered agent.  Signature jupical or registered agent.		DO NOT WRITE IN THIS SPACE		Suite, Apt. #, etc.		, ,	
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Suprature, 1, May, 1 Fee is \$150.00  Amended UBR is \$61.25  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME SIRET ADDRESS CITY-ST-2P  TITLE  NAME SIRET ADDRESS CITY-S	ed For pplicable	4. FEI Number Applie 5 9 - 3 1 8 8 5 6 9 Not Ap		Mins, F	Fl	City & State Mims	
DO-NOT WRITE IN THIS SPACE  Street Address (P.O. Box Number is Not Acceptable)  City Mims FL Zig Code 3 27  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SiGNATURE  January 1: May 1 Fee is \$150.00  Amended UBR is \$61.25  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY ST 2P  TITLE  NAME  SIREET ADDRESS  CITY ST 2P  SIREET ADDRESS  CITY ST 2P  TITLE  NAME  SIREET ADDRESS  CITY ST 2P  SIREET ADDRESS  CIT	ınal	Fee Required	Country USA	<sup>Zip</sup> 32754	BREVARA	32754	
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IN THIS SPACE  City Min S  FL  Zig Code 3-27  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 the obligations of registered agent agent and the # applicable.  Signature  Signatur		15tine A. Grissom		RITE	O NOT WR		
City M i m S FL Zip Code 327  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature typed or primed name of registered agent and tise if applicable. (NOTE: Registered Agent signature required when reinstaining)  DATE  January 1: May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Added to 10.  OFFICERS AND DIRECTORS  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  ITILE  NAME STREET ADDRESS CITY-ST-ZIP  ITILE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS		) State Rd 46		4	The second secon	(17) · · · · · · · · · · · · · · · · · · ·	
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 the obligations of registered agent.  SIGNATURE  Speaking typad or printed name of registered agent and isself applicable.  INOTE Registered Agent signature required when remaining)  After May 1. Fee is \$150.00 After May 1. Fee is \$5150.00 After May 1. Fee is \$550.00 Amended UBR its \$61.25  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY ST-ZIP  TITLE  NAME  STREET ADDRESS							
the obligations of registered agent.  SIGNATURE    Signature   Typed or profed name of registered agent and trie if applicable.   (NOTE Registered Agent signature required when reinstance)   DATE	54	m s FL Zip Code	City M				
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reflect compared in Section 119.07(3)(i), Florida Statutes. Turther 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 riame appears in Block 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR