

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

0581723 AV

DOCUMENT # **P93000051584**

1. Entity Name
JOSE E. GRAU, JR., M.D., P.A.



04-30-2003 90127 039 ***150.00

Principal Place of Business
**7614 JACQUE ROAD
STE C
HUDSON FL 34667**

Mailing Address
**7614 JACQUE ROAD
STE C
HUDSON FL 34667**



2. Principal Place of Business
**7385 RIVER COUNTRY DR
Suite, Apt. #, etc.**

3. Mailing Address
**7385 RIVER COUNTRY DR
Suite, Apt. #, etc.**

CHECK HERE IF MAKING CHANGES

City & State
SPRING HILL FL

City & State
SPRING HILL FL

4. FEI Number **59-3216814**

Applied For
 Not Applicable

Zip
34607

Zip
34607

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LOWE, FREDERICK T
3825 HENDERSON BLVD., S-605A
TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name
JOSE E. GRAU
Street Address (P.O. Box Number is Not Acceptable)
7385 RIVER COUNTRY DRIVE
City **SPRING HILL FL** Zip Code **34607**

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 **X** *Jose E. Grau* DATE **X 4-14-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAU, JOSE E JR 7614 JACQUE RD STE C HUDSON FL 34667	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	7385 RIVER COUNTRY DR SPRING HILL FL 34607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **X** *Jose E. Grau* **JOSE E. GRAU** DATE **X 4-14-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E034 (10/02)