## **2005 FOR PROFIT CORPORATION**

## Apr 29, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P95000047115** 04-29-2005 90187 001 \*\*\*150.00 WILLIAM S. GRUSS, M.D., P.A. 400003300 Principal Place of Business Mailing Address 9980 CENTRAL PARK BLVD 9980 CENTRAL PARK BLVD BOCA RATON, FL 33428 BOCA RATON, FL 33428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03062005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0583623 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAAVEDRA, JOSE A Street Address (P.O. Box Number is Not Acceptable) 9400 SOUTH DADELAND BLVD. DADELAND TOWERS SOUTH PENTHOUSE 5 MIAMI, FL 33156 City 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD ☐ Addition TITLE TITLE ☐ Change ☐ Delete GRUSS, WILLIAM S DR. NAME NAME STREET ADDRESS 9980 CENTRAL PARK BLVD STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33428 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete me ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 take 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 empoyered 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 adgress. With all other like empowered.

CITY-ST-ZIP

SIGNATURE: \_

City-St-7IP

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**FILED**