

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000047412 (8)

1. Corporation Name

HORACIO P. GROISMAN, M.D., OTOLARYNGOLOGY, HEAD
AND NECK SURGERY, P.A.

Principal Place of Business

1321 N.W. 14TH STREET
SUITE 800
MIAMI FL 33125

Mailing Address

1321 N.W. 14TH STREET
SUITE 800
MIAMI FL 33125-1653



2. Principal Place of Business
21 1321 N.W. 14th ST.
Suite, Apt. #, etc.
22 SUITE 204
City & State
23 MIAMI FL
Zip
24 33125
Country
25 U.S.
26 1321 N.W. 14th ST
Suite, Apt. #, etc.
27 SUITE 204
City & State
28 MIAMI FL
Zip
29 33125
Country
30 U.S.

3. Date Incorporated or Qualified

06/15/1995

3a. Date of Last Report

01/15/1997

4. FEI Number

65-0541787

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

GRAYSON, MOISES T
INGRAHAM BUILDING, STE 730
25 S.E. 2ND AVENUE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature required for both name of registered agent and FEI if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
D GROISMAN, HORACIO P
STREET ADDRESS
1321 N.W. 14TH ST., STE 800
CITY- ST- ZIP
MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
D GROISMAN, HORACIO P
1.3 STREET ADDRESS
1321 NW 14th ST, STE 204
1.4 CITY- ST- ZIP
MIAMI, FL 33125

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change

☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97

Date

(305) 325-0087

Daytime Phone # 0002647

CR2E034 (9/96)