

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000071230

1. Entity Name  
STEVEN A. GROSS, M.D., P.A.

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90010 015 \*\*\*150.00

Principal Place of Business  
880 SIXTH ST S  
SUITE 490  
ST PETERSBURG FL 33701

Mailing Address  
880 SIXTH ST S  
SUITE 490  
ST PETERSBURG FL 33701

2. Principal Place of Business  
32615 US HWY 19 N  
Suite, Apt. #, etc.  
6

3. Mailing Address  
32615 US HWY 19 N  
Suite, Apt. #, etc.  
6



DO NOT WRITE IN THIS SPACE

City & State  
PALM HARBOR FL

City & State  
PALM HARBOR FL

4. FEI Number 59-3340969

Applied For  
Not Applicable

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

Zip 34684 Country PINELLAS

Zip 34684 Country PINELLAS

6. Name and Address of Current Registered Agent  
GROSS, STEVEN A M.D.  
880 SIXTH ST S  
SUITE 490  
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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.

SIGNATURE DATE 4-26-01

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSS, STEVEN A M.D. 880 SIXTH ST S ST PETERSBURG FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE 4-26-01 DAYTIME PHONE # 727-772-7762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0356098

CR2E034 (10/00)