2004 FOR PROFIT CORPORATION

FILED 2004 08:00_AM

	ANNUAL	REPURI	<u>, , , , , , , , , , , , , , , , , , , </u>		Iviar 22,	2004. UQ:UU	– <i>P</i> 1
DOCUMENT # P98000060930 1. Entity Name ANDREW S. GROSS, D.O., P.A.					Secre	etary of State	e
Principal Plac 9555 SEMIN SUITE 204 SEMINOLE, F		Mailing Address 9555 SEMINOLE BLVD STE 204 SEMINOLE, FL 33772 US			: 12101 2820 EURO BOUT DOUG FO	IIIX ENII TARO INTE NIII KARDO II DAL	4
DO NOT WRITE IN THIS SPA			CE	01292004 4. FEI Numbe 59-3521	No Chg-P 1794	CR2E034 (10/03) Applied Fo Not Applic \$8.75 Additional	or
-	6. Name and Address of Current Re	pistered Agent		ł		Fee Required	3:
GROSS, ANDREW S 9555 SEMINOLE BLVD. SUITE 204 SEMINOLE, FL 33772				-	NOT WR		
8. The above the obligat	named entity submits this statement for thions of registered agent. Signature, typed or printed name of registered agent and to		ed office or register		h, in the State of Florida	a. I am familiar with, and acc	ept
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	· _ + ·	.00 May Be ed to Fees		•	
10.	OFFICERS AND DIF	RECTORS_	<u> </u>	· · <u></u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP GROSS, ANDREW S 9555 SEMINOLE BLVD. # 204 SEMINOLE, FL 33772	<u> </u>			00000009 03/22/04-80	33286 3011-024 150.00	••
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			DO	NOT WR	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-\$T-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW S. GROSS

MARCH 19, 2004

727-381-6766

Daytime Phone #