## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P98000060930

1. Entity Name

ANDREW S. GROSS, D.O., P.A.



Principal Place of Business

9555 SEMINOLE BLVD.

SUITE 204

SEMINOLE, FL 33772

Mailing Address

9555 SEMINOLE BLVD

STE 204

DO NOT WRITE IN THIS SPACE

SEMINOLE, FL 33772



**FILED** Apr 21, 2008 8:00 am Secretary of State 04-21-2008 90101 041 \*\*\*150.00



03172008

No Chg-P

CR2E034 (11/05)

4. FEI Number		Applied For
59-3520794		Not Applicable
5. Certificate of Status Desired	<b>\$8.7</b> Fee R	dditional

6. Name and Address of Current Registered Agent

SUITE 204	INOLE BLVD.				NOT WRITE THIS SPACE	
the obligati	named entity submits this statement for the pions of registered agent.	urpose of changing its reg	gistered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	t
SIGNATURE_	Signature, typed or printed name of registered agent and title it	f applicable. (NOTE: Re	egistered Agent signature	required when reinstating)	DATE	
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign     Trust Fund Contribu		\$5.00 May Be Added to Fees		
TITLE NAME STREET ADDRESS 'CITY-ST-ZIP	OFFICERS AND DIRECT DP GROSS, ANDREW S 9555 SEMINOLE BLVD. # 204 SEMINOLE, FL 33772	iona				
NAME STREET ADORESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

her A. Klm SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JApril 18, 2008