

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90204 040 ***150.00

DOCUMENT # P99000000556

1. Entity Name
MORTON D. GRANT M.D., P.A.



Principal Place of Business
**3D BELLA VISTA
 1127 SEMINOLE EAST
 JUPITER FL 33477**

Mailing Address
**3D BELLA VISTA
 1127 SEMINOLE EAST
 JUPITER FL 33477**

2. Principal Place of Business

3. Mailing Address
40 DANIEL TURCHIN

Suite, Apt. #, etc.

Suite, Apt. #, etc.
2686 National Dr.

City & State

City & State
Brooklyn, New York

Zip

Country

Zip
11234-6917

Country

4. FEI Number

65-0883697

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRANT, MORTON D M.D.
 3D BELLA VISTA
 1127 SEMINOLE EAST
 JUPITER FL 33477**

7. Name and Address of New Registered Agent

Name **LILLIAN TURCHIN**
 Street Address (P.O. Box Number is Not Acceptable)
7526 FAIR FAX DRIVE
 City **TAMARAC** FL Zip Code **33321**

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 Lillian Turchin, President & Director 7/19/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President & Director	LILLIAN TURCHIN	7526 FAIR FAX DRIVE	TAMARAC FL 33321	<input type="checkbox"/>
President & Director	MORTON D. GRANT M.D.	3D BELLA VISTA	1127 SEMINOLE E. Jupiter Fl. 33477	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: MINOR FEE REQUIRED 7/19/2000 718-444-5036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PERSONAL Representative