

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 AUG -4 AM 9: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S03885 (8)

1. Corporation Name

GROFF HEALTH CARE ASSOCIATES, INC.

Principal Place of Business

Mailing Address

16800 NW 2nd AVE # 405 16800 NW 2nd AVE # 405

NORTH MIAMI BEACH, FL. 33169 NORTH MIAMI BEACH, FL. 33169

3. Date Incorporated or Qualified

10/01/1990

3a. Date of Last Report

04/19/1996

4. FEI Number

65-0222774

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROFF, JULIAN H
16800 NW 2nd AVE # 405
NORTH MIAMI BEACH, FL. 33169

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GROFF, JULIAN H
STREET ADDRESS 16800 NW 2nd AVE # 405
CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33169

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: JULIAN H. GROFF MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

an lury 305-652-8151
Daytime Phone #

CR2E034 (9/96)

J.H. Groff, M.D. & Associates, P.A.
Julian H. Groff, M.D., F.A.C.S.



pg. 2

OTOLARYNGOLOGY • FACIAL PLASTIC & RECONSTRUCTIVE SURGERY • HEAD & NECK SURGERY • ENT ALLERGY

PARKWAY MEDICAL PLAZA
16800 N.W. 2ND AVENUE • SUITE 405 • N. MIAMI BEACH, FL. 33169
PHONE: (305) 652-8151 • FAX: (305) 651-7257

July 22, 1997

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE : Document #600765, #S03885

To whom it may concern:

We are in receipt of your second notice for the fighting fees for the 1997 annual report. It was at this time that it came to our attention that a check #11754 written on March 10, 1997 for the amount of \$330.00 to cover the \$165.00 for each corporation has not been cleared by the bank. At this time we are requesting that you please honor this second check #12005 for the amount of \$330.00 for both corporations since we did file on time and for reasons beyond our control it was not received by you.

We will put a stop payment on the lost check. If you have any questions, please do not hesitate to contact us.

Sincerely,

A handwritten signature in black ink, appearing to read "m groff".

Julian H. Groff, M.D., FACS
JHG:APN