GROFF HEALTH CARE ASSOCIATES, INC. 09-10-2001 90053 029 *** 550.00 Prompal Place of Business: Maling Address: 1980 NK 20 AKE 1980 NK 20 AKE 1980 NK 20 AKE 1980 NK 20 AKE 20 Fricing Cale of Business: N. MARE BEACH R. 3369 21 Fricing Cale of Business: State Act Act 21 Fricing Cale of Business: Cole of Act Act 21 Fricing Cale of Business: Cole of Act Act 21 Fricing Cale of Business: Cole of Act Act 21 Fricing Cale of Business: Cole of Act Act 21 Fricing Cale of Act Act State Act Act 21 Fricing Cale of Act Act Cole of Act Act Act 21 Fricing Cale of Act Act Act State Act	2001 UNIFORM BUSI DOCUMENT # S0388		RT (UBR	a) FILED Sep 10, 2001 8:00 am Secretary of State ≥
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A Manual Pack of Districts Additional Pack of Districts	16800 N.W. 2ND AVE. Suite 405	16800 N.W. 2ND AVE. Suite 405	9	
North Miami Beach, FL North Miami Beach	1061 N.E. 203 Lane	1061 N.E.	. 203 Lan	e
GROFF, JULIAN H TREE Address (P.O. Box Number is Not Accordate) Tree Address (P.O. Box Number is Not Accordate) Tools In x. E. 203 Lane Tools In X. E. 200 LIN Tools In X. E. 203 Lane Tools In X. E.	Vorth Miami Beach, FL Zip Country 33179 USA	North Miam: ^{Zip} 33179	Country	FL 65-0222774 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
SIGNATURE Dentitie M. Crock Registered spentation (magnetic action to a labor of magnetic action to actio	GROFF, JULIAN H 16800 NW 2 AVE #405 NO MIAMI BCH FL 33169 3. The above named entity submits this statement for		Street Ad	Bonnie M. Groff idress (P.O. Box Number is Nol Acceptable) 1061 N.E. 203 Lane North Miami Beach FL Zip Code 33179 registered agent, or both, in the State of Florida.
D State Addetse ThE PSTD State Constraints Addition NAME STREET ADDRESS THE NAME Bonnie M. Groff Bonnie M. Groff Groff STREET ADDRESS CHT ST-2P North Miami Beach, FL 33169 Delete THE North Miami Beach, FL 33179 Groff THE Delete THE North Miami Beach, FL 33179 Change Addition Groff STREET ADDRESS CHT ST-2P THE Otherse Change Addition Groff STREET ADDRESS CHT ST-2P CHT ST-2P CHT ST-2P CHT ST-2P CHT ST-2P THE Delete THE Change Addition STREET ADDRESS CHT ST-2P CHT ST-2P THE Delete THE Change Addition STREET ADDRESS CHT ST-2P CHT ST-2P THTE Delete THE Change Addition STREET ADDRESS CHT ST-2P CHT ST-2P CHT ST-2P THTE Delete THE STREET ADDRESS CHT ST-2P CHT ST-2P <th>SIGNATURE <u>Bonnie M. Groff</u> Signature, typed or printed name of registered agent ar 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</th> <th>FILE NOW! After September 12</th> <th>2, 2001 Fee will be</th> <th>DoguNd whee relations DATE DO E \$750.00 Trust Fund Contribution. Added to Fees</th>	SIGNATURE <u>Bonnie M. Groff</u> Signature, typed or printed name of registered agent ar 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.	FILE NOW! After September 12	2, 2001 Fee will be	DoguNd whee relations DATE DO E \$750.00 Trust Fund Contribution. Added to Fees
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NAME NAME UTREET ADDRESS STREET ADDRESS UTY-ST-ZIP CTY-ST-ZIP 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 fact urat and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the cerciver 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	IAME TREET ADDRESS	Delete	NAME STREET ADDRESS	Change Addition
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	IAME TREET ADDRESS	Delete	NAME STREET ADDRESS	Change Addition
	 indicated on this report or supplemental report is of the corporation or the receiver or trustee empore 	true and accurate and that r wered to execute this report	nv signature shall ha	ave the same legal effect as if made under oath; that I am an officer or director I I I I I I I