

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S03885

1. Entity Name
GROFF HEALTH CARE ASSOCIATES, INC.

Principal Place of Business
16800 N.W. 2ND AVE.
SUITE 405
N. MIAMI BEACH FL 33169

Mailing Address
16800 N.W. 2ND AVE.
SUITE 405
N. MIAMI BEACH FL 33169

2. Principal Place of Business
1061 N.E. 203 Lane
Suite, Apt. #, etc.

3. Mailing Address
1061 N.E. 203 Lane
Suite, Apt. #, etc.

City & State
North Miami Beach, FL
Zip 33179
Country USA

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North Miami Beach, FL
Zip 33179
Country USA

4. FEI Number 65-0222774

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GROFF, JULIAN H
16800 NW 2 AVE
#405
NO MIAMI BCH FL 33169

7. Name and Address of New Registered Agent

Name
Bonnie M. Groff
Street Address (P.O. Box Number is Not Acceptable)
1061 N.E. 203 Lane
City North Miami Beach FL Zip Code 33179

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 Bonnie M. Groff Bonnie M. Groff, Pres. 8/8/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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 12, 2001 Fee 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 D
NAME GROFF, JULIAN H
STREET ADDRESS 16800 N.W. 2ND AVENUE, #405
CITY-ST-ZIP N. MIAMI BCH. FL 33169 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME Bonnie M. Groff
STREET ADDRESS 1061 N.E. 203 Lane
CITY-ST-ZIP North Miami Beach, FL 33179 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Bonnie M. Groff, Pres. 8/8/01 305-651-2548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90053 029 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)