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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90033 047 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V48420

1. Corporation Name

DAVID L. GRISELL, D.O., P.A.

Principal Place of Business

1825 SOUTH RIVERVIEW DRIVE
MELBOURNE FL 32901

Mailing Address

P.O. BOX 2658
MELBOURNE FL 32902-2658

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1992

4. FEI Number

59-3138595

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1350 So. Hickory St.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Melbourne

City & State

28

Zip Country

24 FL 25 32901-3276

Zip Country

29 30

9. Name and Address of Current Registered Agent

MITCHELL, BRUCE A.
1825 SOUTH RIVERVIEW DRIVE
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name Grissell, David L.

82 Street Address (P.O. Box Number is Not Acceptable)

1350 So. Hickory St.

83

84 City Melbourne

FL

85 Zip Code

32901-3276

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 *David L. Grissell*
Signed, typed or printed name of registered agent and title if applicable.

David L. Grissell, President

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~D/P~~ ☒ DELETE
NAME JACKSON, DOUGLAS L. M.D.
STREET ADDRESS P.O. BOX 1147
CITY-ST-ZIP MELBOURNE FL 32902

TITLE DP ☐ DELETE
NAME GRISELL, DAVID L. D.O.
STREET ADDRESS 1825 S. RIVERVIEW DRIVE
CITY-ST-ZIP MELBOURNE FL

TITLE ~~DS~~ ☒ DELETE
NAME PETERSEN, JOHN P. MD
STREET ADDRESS 1825 SOUTH RIVERVIEW DRIVE
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1350 So. Hickory St.
2.4 CITY-ST-ZIP Melbourne, FL 32901-3276

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

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

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

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

14. 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 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, with all other like empowered.

SIGNATURE:

David L. Grissell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-99

Date

407/951-3460

Daytime Phone #

CR2E034 (11/98)