

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000143810

**Entity Name:** GROOMES AND FRIEDMAN, P.A.

**Current Principal Place of Business:**

37149 FLORIDA AVE  
DADE CITY, FL 33525

**Current Mailing Address:**

37149 FLORIDA AVE  
DADE CITY, FL 33525

**FEI Number:** 20-0525818

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JOHNSON, LEONARD H  
401 E. JACKSON STREET  
2400  
TAMPA, FL 33602 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            DDS  
Name            FRIEDMAN, DAVID W DR.  
Address        11940 JUSTAMERE LN  
City-State-Zip: DADE CITY FL 33525

Title            DDS  
Name            GROOMES, REBECCA F DR.  
Address        12503 CURLEY STREET  
City-State-Zip: SAN ANTONIO FL 33576

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID W. FRIEDMAN

DDS/DR

01/19/2023

Electronic Signature of Signing Officer/Director Detail

Date