

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

DOCUMENT # **F06175** (6)

1. Corporation Name

**OLIVIA M. GRAVES, M.D.P.A.**

Principal Place of Business

**11211 SW 152ND ST.  
MIAMI FL 33157  
US**

Mailing Address

**14150 OLD CUTLER ROAD  
MIAMI FL 33158  
US**



3. Date Incorporated or Qualified  
**11/19/1980**

3a. Date of Last Report  
**04/17/1995**

4. FEI Number

**59-2042126**

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

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**PINDER, ARCHIBALD A  
14150 OLD CUTLER ROAD  
MIAMI FL 33158**

10. Name and Address of New Registered Agent

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 607.1505, 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 of Registered Agent (if not the same as the officer or director)

Signature of Registered Agent (if not the same as the officer or director)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS          | CITY, ST, ZIP |
|-------|--------------------|-------------------------|---------------|
| PD    | GRAVES, OLIVIA M   | 11279 S.W. 152ND ST     | MIAMI FL      |
| STD   | BARTFIELD, LILLIAN | 11279 S.W. 152ND STREET | MIAMI FL      |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE | 2. NAME          | 3. STREET ADDRESS  | 4. CITY, ST, ZIP      |
|----------|------------------|--------------------|-----------------------|
|          | GRAVES, OLIVIA M | 11211 S.W. 152 ST. | MIAMI, FLA 33157      |
|          | STD              | BEAULAH GRAY       | 14150 OLD CUTLER ROAD |
|          |                  | MIAMI, FLA. 33158  |                       |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **MA/PA 2-16-96** (305) 255-1355

CR2E034 (12/95)