

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 15 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **600722** (3)  
1. Corporation Name  
**PAUL A. GRAHAM, M.D., P.A.**

Principal Place of Business <b>777-37TH STREET SUITE D-107 VERO BEACH FL 32960</b>	Mailing Address <b>122 S. ALLEGHENY DR. SUITE 7 CHEROKEE VILLAGE AR 72529 US</b>
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3. Date Incorporated or Qualified <b>12/31/1968</b>	3a. Date of Last Report <b>08/02/1994</b>
4. FEI Number <b>59-2593682</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>122 S. Allegheny Dr.</b> Suite, Apt. #, etc. 22 <b>Suite 7</b> City & State 23 <b>Cherokee Village AR</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent  
**MCKINNON, STEWART & NALL CHARTERED  
3355 OCEAN DRIVE  
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent  
81 Name **Florida Management Control**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1919 Ivanhoe St.**  
83  
84 City **Sarasota** FL 85 Zip Code **34231**

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 *Graeme G. Gorrie* (Graeme G. Gorrie, President) DATE **3-6-95**

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	NAME <b>GRAHAM, PAUL A.</b>
STREET ADDRESS <b>777-37TH ST., SUITE D107</b>	
CITY-ST-ZIP <b>VERO BEACH FL</b>	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GRAHAM, PAUL A.</b>
1.3 STREET ADDRESS	<b>122 S. Allegheny Dr. Suite 7</b>
1.4 CITY-ST-ZIP	<b>Cherokee Village, AR 72529</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 executor 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 addition form with an address.

SIGNATURE: *Paul A. Graham* **PAUL A. GRAHAM** 1 Mar 95 501-257-5115