

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 # 600722 (3)

1. Corporation Name
PAUL A. GRAHAM, M.D., P.A.



Principal Place of Business: 122 S ALLEGHENY DR SUITE 7 CHEROKEE VILLAGE AR 72529 US
Mailing Address: 122 S. ALLEGHENY DR. SUITE 7 CHEROKEE VILLAGE AR 72529 US

3. Date Incorporated or Qualified: 12/31/1968
3a. Date of Last Report: 03/15/1995

2. Principal Place of Business: 21 3660 20th St. Suite, Apt. #, etc. 22 Vero Beach City & State 23 FL Zip 24 32960 Country 25 USA
2a. Mailing Address: 26 PO Box 5346 Suite, Apt. #, etc. 27 Vero Beach, FL City & State 28 Zip 29 32961 Country 30 USA

4. FEI Number: 59-2593682 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA MANAGEMENT CONTROL
1919 IVANHOE ST
SARASOTA FL 34231
new address ->

81 Name: Florida Management Control
82 Street Address (P.O. Box Number is Not Acceptable): 5822 Proctor Rd. Ste. A
83 City: Sarasota
84 City: FL
85 Zip Code: 34231-6444

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: *Paul A. Graham* President DATE: 4/29/96
Signature, typed or printed name of Registered Agent and the Filing Officer (NOTE: Registered Agent signature required when re-registering)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAHAM, PAUL A.	
STREET ADDRESS	122 S ALLEGHENY DR., SUITE 7	
CITY-ST-ZIP	CHEROKEE VILLAGE AR	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	address
13. STREET ADDRESS	PO Box 5346; 3660 20th St.
14. CITY-ST-ZIP	Vero Beach, FL 32961
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 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 trustee 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 attached list with my address.

SIGNATURE: *Paul A. Graham* (PAUL A. GRAHAM) DATE: 4/29/96 407-567-4960
Signature and typed or printed name of signing officer or director

CR2E034 (12/95)