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AND
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95 APR 27 AM 11:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 603105 (8)

1. Corporation Name
HARRY W. GRAFF M.D., P.A.

Principal Place of Business: **715 DUPONT PLAZA CENTER MIAMI FL 33131-2209 DA**

Mailing Address: **715 DUPONT PLAZA CENTER MIAMI FL 33131-2209 DA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/01/1971**

3a. Date of Last Report: **03/07/1994**

4. FEI Number: **59-1363749**

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

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

**PENINSULA REGISTERED AGENTS, INC.
200 S.E. 1ST STREET (PH)
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name: **LAWRENCE M. PLOUCHA, ESQ.**

82. Street Address (P.O. Box Number is Not Acceptable): **ATKINSON DINGER STONE BLACK & MARKOTA, P.A.**

83. City: **1746 TYLER ST.**

84. City: **HOLLYWOOD FL**

85. Zip Code: **33025**

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: *[Signature]* **L M PLOUCHA** DATE: **3/21/95**

12. OFFICERS AND DIRECTORS

TITLE: **POT**

NAME: **GRAFF, HARRY W**

STREET ADDRESS: **715 DUPONT PLAZA CTR.**

CITY - ST - ZIP: **MIAMI FL**

TITLE: **HELPMAN, RICHARD**

NAME: **HELPMAN, RICHARD**

STREET ADDRESS: **485 AVE ROVINO**

CITY - ST - ZIP: **CORAL GABLES FL**

TITLE: **NOTARIUS, MORTON-S**

NAME: **NOTARIUS, MORTON-S**

STREET ADDRESS: **42741 SW 72 AVE**

CITY - ST - ZIP: **MIAMI FL**

TITLE: **NOTARIUS, MORTON-S**

NAME: **NOTARIUS, MORTON-S**

STREET ADDRESS: **42741 SW 72 AVE**

CITY - ST - ZIP: **MIAMI FL**

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: *eliminate*

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE: Change Addition

3.2 NAME: *eliminate*

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE: Change Addition

4.2 NAME: *eliminate*

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 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 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, with an attachment with an address.

SIGNATURE: *[Signature]* **HARRY W. GRAFF, M.D.** DATE: **3/17/95** TELEPHONE: **305-374-0954**