

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90042 022 ***150.00

DOCUMENT # 603105
 1. Entity 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 FLA 33131 DA
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 715 Dupont Plaza Ctr.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 300 Biscayne Blvd. Way
City & State	City & State MIAMI, FLA.
Zip	Zip 33131-2209
Country	Country USA

4. FEI Number 59-1363749	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PLOUCHA, LAWRENCE M ESQ + PLOUCHA
ATKINS DINER STONE ~~██████████~~ **MANKUTA, PA**
1746 TYLER ST
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name
PLOUCHA, LAWRENCE M. ESQ.

Street Address (P.O. Box Number is Not Acceptable)
ATKIN'S DINER STONE MANKUTA PA

1946 TYLER ST.

City
HOLLYWOOD FL Zip Code
33020

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT GRAFF, HARRY W 715 DUPONT PLAZA CTR. MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRAFF HARRY W, M.D. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 715 DUPONT PLAZA CTR. 300 BISCAYNE MIAMI, FLA. 33131-2209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRY W. GRAFF, M.D. Date: 1/8/2000 Daytime Phone #: 305-374-0954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR