

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90054 031 ***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
300 BISCAYNE BOULEVARD WAY
MIAMI FL 33131-2209
DA

30012710

2. Principal Place of Business

Harry W. Graff M.D. P.A.
150 SE 2nd Avenue
Suite #912
Miami, FL 33131

3. Mailing Address

Harry W. Graff M.D. P.A.
150 SE 2nd Avenue
Suite #912
Miami, FL 33131



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1363749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLOUCHA, LAWRENCE M ESQ
ATKINS DINER STONE BLACK & MANKUTA, PA
1946 TYLER STREET
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name **LAWRENCE M. PLOUCHA, ESQ.**
Street Address (P.O. Box Number is not acceptable)
ATKINSON, DINER, STONE, MANKUTA +
PLOUCHA, P.A., 100 S.E. 3RD AVE, #1400
City **FT. LAUDERDALE, FL.** FL **33394**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature is required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PDT** ☐ Delete
NAME **GRAFF, HARRY W**

STREET ADDRESS **Harry W. Graff M.D. P.A.**
CITY-ST-ZIP **150 SE 2nd Avenue**
Suite #912
Miami, FL 33131

5 NEW
ADDRESSES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Harry W. Graff, M.D. **2/3/05** **305-374-0954**