


**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 Mailing Address  
 715 DUPONT PLAZA CENTER 715 DUPONT PLAZA CENTER  
 MIAMI FL 33131-2209 300 BISCAYNE BOULEVARD WAY  
 DA MIAMI FL 33131-2209  
 DA DA

30016710



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address  
**Harry W. Graff M.D. P.A.** **Harry W. Graff M.D. P.A.**  
 150 SE 2nd Avenue 150 SE 2nd Avenue  
 Suite #912 Suite #912  
 Miami, FL 33131 Miami, FL 33131

4. FEI Number **59-1363749** Applied For  
 Not Applicable

Zip Country Zip Country

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 if applicable) **ATKINS 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 \_\_\_\_\_ (NOTE: Registered Agent signature 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 **\$5.00 May Be**  
 Trust Fund Contribution.  **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PDT <input type="checkbox"/> Delete
NAME	GRAFF, HARRY W
STREET ADDRESS	Harry W. Graff M.D. P.A.
CITY-ST-ZIP	150 SE 2nd Avenue
TITLE	
NAME	Suite #912
STREET ADDRESS	Miami, FL 33131
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Harry W. Graff, M.D.* 2/3/05 305-374-0954  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #