


FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90028 020 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 603105	
1. Entity Name HARRY W. GRAFF M.D., P.A.	

Harry W. Graff M.D. P.A. 150 SE 2nd Avenue Suite #912 Miami, FL 33131	Harry W. Graff M.D. P.A. 150 SE 2nd Avenue Suite #912 Miami, FL 33131
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04272006 No Chg-P CRZE034 (11/05)

4. FD Number 59-1363749	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

**PLOUCHA, LAWRENCE M ESQ
ATKINS DINER STONE BLACK & MANKUTA, PA
3RD AVE, #1400
FORT LAUDERDALE, FL 33394**

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT GRAFF, HARRY W 150 SE 2ND AVENUE, SUITE 912 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.* 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #