, 2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 20, 2006 08:00 AN **DOCUMENT #674824** Secretary of State 1. Entity Name MYRON S. GRAFF, DMD, P.A. Principal Place of Business Mailing Address 5522 GULF DR 5522 GULF DR NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652 02092006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2014672 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRAFF, MYRON S DO NOT WRITE 5522 GULF DR. NEW PORT RICHEY, FL 34652 IN THIS SPACE 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 100000441918 03/03/06-80055-007 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PD NAME GRAFF, MYRON S STREET ADDRESS 5522 GULF DRIVE NEW PORT RICHEY, FL 34652 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CiTY-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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 for trustee empowering to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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of the corporation or the receive changed, or on an attachment

SIGNATURE: