


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90016 013 \*\*\*150.00

**DOCUMENT # F06175**

1. Entity Name  
**OLIVIA M. GRAVES, M.D.P.A.**



Principal Place of Business      Mailing Address

**11211 SW 152ND ST.  
 MIAMI FL 33157  
 US**      **14150 OLD CUTLER ROAD  
 MIAMI FL 33158  
 US**

44011000



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-2042126**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PINDER, ARCHIBALD A  
 14150 OLD CUTLER ROAD  
 MIAMI FL 33158**

7. Name and Address of New Registered Agent

Name **Olivia M. Graves, M.D.**

Street Address (P.O. Box Number is Not Acceptable)  
**14150 Old Cutler Road**

City **Miami**      FL      Zip Code **33158**

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 *Olivia M. Graves M.D. P.A.*      DATE 2-10-04

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GRAVES, OLIVIA M 11211 SW 152 ST MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRAY, BEAULAH 14150 OLD CUTLER ROAD MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Olivia M. Graves M.D. P.A.*      Date 2/10/04      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #