


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F06175					
1. Entity Name OLIVIA M. GRAVES, M.D.P.A.					
Principal Place of Business 11211 SW 152ND ST. MIAMI FL 33157 US		Mailing Address 14150 OLD CUTLER ROAD MIAMI FL 33158 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 59-2042126	
Zip	Country	Zip	Country	Applied For Not Applicable	
6. Name and Address of Current Registered Agent GRAUSS, OLIVIA M MD 14150 OLD CUTLER ROAD MIAMI FL 33158				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRAVES, OLIVIA M	NAME			
STREET ADDRESS	11211 SW 152 ST	STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL	CITY - ST - ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRAY, BEAULAH	NAME			
STREET ADDRESS	14150 OLD CUTLER ROAD	STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			



1st MOORE CR2E034 (10/04)

000000237905
 02/21/05-80076-016 150.00

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./PA **OLIVIA M. GRAUSS M.D./PA** 2-15-05 **305-2877350**

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