

FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida
32399-0001

ATTACHED
FEE

50 MAY - 1 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K23016 (4)

ROY D. GRAHAM CRNA, P.A.

1. Principal Office of Business: **% ROY D. GRAHAM, 36 LAKE HAMILTON BCHS, HAINES CITY FL 33844**
 Mailing Address: **% ROY D. GRAHAM, 36 LAKE HAMILTON BCHS, HAINES CITY FL 33844**

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or created: **05/02/1988** 3a. Date of Last Report: **05/11/1994**
 4. FEI Number: **59-2891241** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

2. Principal Office of Business: 21. State: **FL** 22. State: **FL**
 23. City: **HAINES CITY** 24. County: **ALACHUA** 25. City: **HAINES CITY** 26. County: **ALACHUA**
 27. City: **HAINES CITY** 28. County: **ALACHUA**
 29. City: **HAINES CITY** 30. County: **ALACHUA**

9. Name and Address of Current Registered Agent: **GRAHAM, ROY D., 36 LAKE HAMILTON BCHS, HAINES CITY FL 33844**
 10. Name and Address of New Registered Agent: 81. Name: **ROY D. GRAHAM**
 82. Street Address (P.O. Box Number is Not Acceptable): **36 LAKE HAMILTON BCHS**
 83. City: **HAINES CITY**
 84. State: **FL** 85. Zip Code: **33844**

11. Pursuant to the provisions of Sections 607.012 and 607.1508, Florida Statutes, the officer named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, if hereby accepted the appointment as registered agent. I am familiar with and accept the obligations of Section 607.012, Florida Statutes.

SIGNATURE: **Roy D. Graham** TITLE: **REGISTERED AGENT**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME: D GRAHAM, ROY D.	ADDRESS: 36 LAKE HAMILTON BCHS, HAINES CITY FL	1. NAME: ROY D. GRAHAM	2. STREET ADDRESS: 36 LAKE HAMILTON BCHS
NAME: ROY D. GRAHAM	ADDRESS: 36 LAKE HAMILTON BCHS, HAINES CITY FL	3. NAME: ROY D. GRAHAM	4. STREET ADDRESS: 36 LAKE HAMILTON BCHS
NAME: ROY D. GRAHAM	ADDRESS: 36 LAKE HAMILTON BCHS, HAINES CITY FL	5. NAME: ROY D. GRAHAM	6. STREET ADDRESS: 36 LAKE HAMILTON BCHS
NAME: ROY D. GRAHAM	ADDRESS: 36 LAKE HAMILTON BCHS, HAINES CITY FL	7. NAME: ROY D. GRAHAM	8. STREET ADDRESS: 36 LAKE HAMILTON BCHS
NAME: ROY D. GRAHAM	ADDRESS: 36 LAKE HAMILTON BCHS, HAINES CITY FL	9. NAME: ROY D. GRAHAM	10. STREET ADDRESS: 36 LAKE HAMILTON BCHS
NAME: ROY D. GRAHAM	ADDRESS: 36 LAKE HAMILTON BCHS, HAINES CITY FL	11. NAME: ROY D. GRAHAM	12. STREET ADDRESS: 36 LAKE HAMILTON BCHS
NAME: ROY D. GRAHAM	ADDRESS: 36 LAKE HAMILTON BCHS, HAINES CITY FL	13. NAME: ROY D. GRAHAM	14. STREET ADDRESS: 36 LAKE HAMILTON BCHS
NAME: ROY D. GRAHAM	ADDRESS: 36 LAKE HAMILTON BCHS, HAINES CITY FL	15. NAME: ROY D. GRAHAM	16. STREET ADDRESS: 36 LAKE HAMILTON BCHS
NAME: ROY D. GRAHAM	ADDRESS: 36 LAKE HAMILTON BCHS, HAINES CITY FL	17. NAME: ROY D. GRAHAM	18. STREET ADDRESS: 36 LAKE HAMILTON BCHS
NAME: ROY D. GRAHAM	ADDRESS: 36 LAKE HAMILTON BCHS, HAINES CITY FL	19. NAME: ROY D. GRAHAM	20. STREET ADDRESS: 36 LAKE HAMILTON BCHS

14. I hereby certify that the information supplied with this filing is verifiably furnished and checks out exactly for the information stated in Section 199.032(a), Florida Statutes. I further certify that the information indicated on this annual report is complete and correct and that my signature shall have the same legal effect as if made in person. I am familiar with and accept the obligations of Section 607.012, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or in the name and address of the registered agent as reported by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or in the name and address of the registered agent as reported by Chapter 607, Florida Statutes.

SIGNATURE: **Roy D. Graham** TITLE: **REGISTERED AGENT**
 4-26-95
 813-422-5128
 813-382-7500