

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90013 019 ***150.00

DOCUMENT # M22826

1. Entity Name

JON W. GRAHAM M.D., P.A.



Principal Place of Business

6280 SUNSET DR.
STE 509
SOUTH MIAMI FL 33143-4845

Mailing Address

6280 SUNSET DR.
STE 509
SOUTH MIAMI FL 33143-4845

2. Principal Place of Business - No P.O. Box #

7425 S.W. 141 Ter.
Suite, Apt. #, etc.

3. Mailing Address

7425 S.W. 141 Ter.
Suite, Apt. #, etc.

City & State

Village of PALMETTO Bay, FL
Zip 33158 Country USA

City & State

Village of PALMETTO Bay, FL
Zip 33158 Country USA

4. FEI Number

59-2596621

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIELER, GREGG
4700 BISCAYNE BLVD 2ND FLOOR
MIAMI FL 33137

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 PD ☐ Delete
NAME GRAHAM, JON W. M.D.
STREET ADDRESS 6280 SUNSET DR., STE 509
CITY-ST-ZIP SOUTH MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #