



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90253 021 ***150.00

DOCUMENT P00000074545 1. Entity Name LEOPOLDO GRAUER, M.D., P.A.																													
Principal Place of Business 3355 BEARS AVE 4600 N HAANA AVE TAMPA, FL 33614			Mailing Address 16528 N DALE MABRY HWY TAMPA, FL 33618																										
2. Principal Place of Business <i>1017 Bay Harbour Place</i> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State <i>Tampa, Florida</i>		City & State		4. FEI Number 59-3665510																									
Zip <i>33602</i>		Country <i>US</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SANDERS, WALTER 16528 N DALE MABRY WAY TAMPA, FL 33618			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 <i>Walter Sanders</i> <i>Walter Sanders</i> <i>4/11/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
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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 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 *Leopoldo Grauer* *Leopoldo Grauer* *4/26/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #