2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

DOCUMENT # P0000074545 1. Entity Name LEOPOLDO GRAUER, M.D., P.A.								05-05-2008	90232 01	4 ***15	50.00
Principal Place of Business 1017 BAY HABOR PLACE TAMPA, FL 33602			1	lailing Address 6528 N DALE MABRY AMPA, FL 33618	f H WY		-	III Br ia Ba ri As ii At ia	OOM IS FILE CLOSE		ITTOLTI JORI
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01182008	Chg-P	CR2E034	(12/06)	
City & State			:	City & State			4. FEI Number 59-36655	510			pplied For at Applicable
Zip	Country			Zip Coun		try	5. Certificate of	\$8.75 Additional Fee Required			
		and Address of	Current Regis	tered Agent		7. Name and A	ddress of New Re	gistered Ag	ent		
SANDERS, WALTER 16528 N DALE MABRY WAY TAMPA, FL 33618						Name Street Address (P.O. Box Number is Not Acceptable)					
						City				Zip Cod	
						_			FL	'	
8. The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent. SIGNATURE Signature, typed or printed reare of registered agent and title if applicable. (NOTE: Registered Agent)							ders	in the State of Flor	ida. I am far DATE	niliar with,	and accept
FiL After M	E NOW!!! ay 1, 2008	FEE IS \$150 Fee will be	\$550.00	9. Election Campa Trust Fund Con			.00 May Be ed to Fees				
10.		OFFICE	RS AND DIREC	CTORS	11.	.,	ADDITIONS/CI	IANGES TO OFFIC	CERS AND D	IRECTOR:	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	LEOPOLDO HARBOUR PL L 33602	ACE	☐ Delete		l l	A		Ĉ] Change	☐ Addition
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12. I hereby of indicated	certify that the	information supp or supplemental	plied with this fi report is true a	iling does not qualify for	or the exe	emptions contained ture shall have the	l in Chapter 119, F same legal effect a	lorida Statutes. I fo s if made under oa	urther certify ath; that I am	that the in an officer	formation or director