3/1/2005-90071-007-$150.00-$150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 APR 18 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000094986

1. Entity Name
LUIS E GRAU MD, PA, INC.

Principal Place of Business / Mailing Address
8914 NW 187 STREET
HIALEAH, FL 33018

DO NOT WRITE IN THIS SPACE

04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 200192167 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LUIS E GRAU M.D. P.A
8914 NW 187 ST Hialean, FL 33018

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME / STREET ADDRESS / CITY-ST-ZIP	LUIS E GRAU 8914 NW 187TH STREET Hialeah, FL
TITLE	D
NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	DV
NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	
NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	
NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	
NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

4/4/25

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: _____ 2/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #