2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

DOCUMENT # P97000029407 1. Entity Name DONALD V. GRAHAM, D.O., P.A.						Apr 15, 2005 08:00 A Secretary of State			
	e of Business ERTON ROAD 33778	Mailing Address 11281 ULMERTON ROAD LARGO FL 33778							
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt #, etc.				1st MOORE CR2E034 (10/04)			
City & State		City & State		4. FEI Num	^{ber} 59-3436168		Applied For Not Applicable		
Zip Country		Zip			<u> </u>	e of Status Desired	□ \$8.75 A Fee Requ		
	6. Name and Address of Current	Registered Agent		Name	7. Name an	d Address of New Re	gistered Agent		
GA5	SSMAN, ALAN S				41				
124! SUI	5 COURT STREET TE 102	=	Street Address (s (P.O. Box Num	ber is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·		
CLEARWATER FL 34616			City				FL Zip Ci	ode	
	named entity submits this statement for tions of registered agent.	or the purpose of changing it	s registers	ed office or regis	stered agent, or b	oth, in the State of Flor		th, and accept	
SIGNATURE .	Signatura, typed or printed hame of registered agent	and title if anoticable /NO	TE Registered	Acent signeture requ	ired when reinstaling)		- DATE	 .	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						Election Campai Trust Fund Contr	gn Financing \$	5.00 May Be	
10,	OFFICERS AND	DIRECTORS	11.		ADDITIONS	S/CHANGES TO OFFIC	CERS AND DIRECTO	DRS IN 11	
TITLE NAME STREET ADDRESS	DPST GRAHAM, DONALD V 11281 ULMERTON ROAD			l		Unongoso 114/15/05-80	☐ Chang 6468	_	
CITY-ST-ZIP	LARGO FL 33778		CITY	-ST-71P	<u></u>				
ntle Name Street address City-St-Zip			. I	I			☐ Chang	e 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREE	:			☐ Chang	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l			☐ Chang	e	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		l			☐ Chang	e	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		FT ADDRESS -ST-ZIP		N/A Elarida Statutas II	☐ Chang		

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 anyaddress, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR