


**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90187 018 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # S53901</b> 1. Corporation Name <b>RUSSELL M. GRAHAM, M.D., PA and Raul E Tamayo, M.D., PA.</b>		



Principal Place of Business  
 393 WHOOPING LOOP, STE 1461  
 ALTAMONTE SPRINGS FL 32701

Mailing Address  
 393 WHOOPING LOOP, STE 1461  
 ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/20/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3064616	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
				6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GRAHAM, RUSSELL M MD. 393 SHOOPIG LOOP #1461 ALTAMONTE SPRINGS FL 32701		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 393 Whooping Loop #1461 83 84 ALTAMONTE SPSO, FL 85 Zip Code 32701	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			

## SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE TITLE DP NAME GRAHAM, RUSSELL M STREET ADDRESS 393 WHOOPING LOOP, #1461 CITY-ST-ZIP ALTAMONTE SPRINGS FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE TITLE VICE PRESIDENT NAME RAUL E TAMAYO MD STREET ADDRESS 393 WHOOPING LOOP #1461 CITY-ST-ZIP ALT SPSO FL 32701		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.1 TITLE VICE PRESIDENT, TREASURER 2.2 NAME RAUL E TAMAYO MD 2.3 STREET ADDRESS 393 WHOOPING LOOP #1461 2.4 CITY-ST-ZIP ALT SPSO FL 32701	
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)