2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# V02555

Entity Name: GRABOIS, PRAVDER, KAPLOWITZ AND ASSOCIATES, M.D., P.A.

Current Principal Place of Business:

21110 BISCAYNE BLVD
SUITE 304
MIAMI, FL

New Principal Place of Business:

21110 BISCAYNE BLVD
SUITE 304
AVENTURA, FL 33180

Current Mailing Address:

21110 BISCAYNE BLVD
SUITE 304
MIAMI, FL

New Mailing Address:

21110 BISCAYNE BLVD
SUITE 304
AVENTURA, FL 33180

FEI Number: 65-0257160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRABOLS, LORI
21110 BISCAYNE BLVD
STE 304
MIAMI, FL 33180 US

Name and Address of New Registered Agent:

GRABOIS, LORI A MD
21110 BISCAYNE BLVD
STE 304
AVENTURA, FL 33180 US

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.

SIGNATURE: LORI A GRABOIS MD 04/12/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GRABOIS, LORI A
Address: 21110 BISCAYNE BLVD
City-St-Zip: MIAMI, FL

Title: VST (X) Delete
Name: GRABOIS, LORI A
Address: 21110 BISCAYNE BLVD
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GRABOIS, LORI A
Address: 21110 BISCAYNE BLVD
City-St-Zip: AVENTURA, FL 33180

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI A GRABOIS MD P 04/12/2009
Electronic Signature of Signing Officer or Director Date