

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000015121

**Entity Name:** MICHAEL F GRAHAM MD LLC

**Current Principal Place of Business:**

ONE SW 129 AVE  
SUITE 200  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

ONE SW 129 AVE  
SUITE 200  
PEMBROKE PINES, FL 33027 US

**FEI Number:** 46-1875016

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRAHAM, MICHAEL F  
ONE SW 129 AVE  
SUITE 200  
PEMBROKE PINES, FL 33027 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:** MICHAEL F GRAHAM

01/17/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GRAHAM, MICHAEL F  
Address ONE SW 129 AVE SUITE 200  
City-State-Zip: PEMBROKE PINES FL 33027

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL F GRAHAM

PRES

01/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date