

2014 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:

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

MGR

01/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date