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FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 505910 (0)
1. Corporation Name
STUART S. HARRISON, M.D. P.A.



Principal Place of Business
3660 CENTRAL AVENUE, STE. 15
FT MYERS FL 33901

Mailing Address
3660 CENTRAL AVENUE, STE. 15
FT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1314 Claret Court		26 1314 Claret Court		07/01/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1670768	
City & State		City & State		5. Certificate of Status Desired	
23 Fort Myers, FL		28 Fort Myers, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24 33919		25 US		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 33919		30 US		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HARRISON, STUART S.
3660 CENTRAL AVENUE, STE. 15
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name GENE M. HARRISON
82 Street Address (P.O. Box Number is Not Acceptable)
1314 Claret Court
83
84 City Fort Myers FL 85 Zip Code 33919

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 Gene M. Harrison

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/4/98

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HARRISON, STUART S
STREET ADDRESS 3660 CENTRAL AVE., #15
CITY-ST-ZIP FT MYERS, FL 00000

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Harrison, Gene M.
1.3 STREET ADDRESS 1314 Claret Court
1.4 CITY-ST-ZIP Fort Myers, FL 33919

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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.

SIGNATURE

Gene M. Harrison

3/4/98

941/433-3743

CP2E034 (10/97)