## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1, Corporation	MENT # 602872 N M. HARRIS, M.D., P.A.	2 (4)				
Principal Place of Business 401 CORAL WAY CORAL GABLES FL 33134		Mailing Address 401 CORAL WAY CORAL GABLES FL 33134-4	· · · · · · · · · · · · · · · · · · ·			
				3. Date Incorporated or Qualified 06/21/1971	3a. Date of Last Report 06/06/1996	
2. Principal Place of Business         28. M.           21         26		2a. Mailing Address 26		4. FEI Number 59-1351263	Applied For Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.	27		S8.75 Additional Fee Regulred	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25		Country 30		Yes No	
	g, Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Re	glatered Agent	
	IRIS,STEPHEN M			·		
401 CORAL WAY CORAL GABLES FL 33134			82 Street Addr	ress (P.O. Box Number is Not Acceptab	ile)	
JU.,	Mr America and a		83	·		
			84 City		FL 85 Zip Code	
office or to agent. I ar	to the provisions of Sections 607.00 egistered agent, or both, in the Starm familiar with, and accept the obl	ate of Florida. Such change was a	uthorized by the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	purpose of changing its registered of the appointment as registered	
SIGNATURE	Signature, typod or perfect name of registered a	agent and title if applicable. (NOTE	Registered Agent signature requir	red when reinstating)	DATE	
12.	OFFICERS A	AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE NAME	HARRIS,STEPHEN M	[—] DETEIE	1.1 TITLE 1.2 NAME		Change Addition	
STREET ADDRESS	401 CORAL WAY		1.3 STREET ADDRESS			
City - ST - ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP			
TILE	D	DELETE	2.1 TITLE		Change Addition	
NAME	CAVA, EDMUND		2.2 NAME			
STREET ADDRESS	6660 BISCAYNE BLVD. MIAMI FL		2.3 STREET ADDRESS			
CHTV - ST - ZHP	MIAMI FL	DELETE	2 4 CITY- ST-ZIP 3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADORESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CiTY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change L. Addition	
NAME CANCEL ADDRESS			4. 2 NAME			
STREET ADDRESS CITY: S1-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TILE		DELETE	5.1 TITLE		Change Addition	
NAME			5 2 NAME			
STREET ADDRESS	l		5.3 STREET ADDRESS			
CITY-ST-ZIF			5.4 CITY-ST-ZIP		7 00	
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME CTRCET ANDRESS			6.2 NAME 6.3 STREET ADDRESS	·		
STHEET ADDRESS City - St - ZIP			6.4 CITY - ST-ZIP			
14. I do heret	by certify that the information suppl	lied with this filing does not qualify		d in Section 119.07(3)(i), Florida Statute:	s. I further certify that the	
Fiformatio Lam an of appears it	in indicated on this annual report of flicer or director of the corporation in Block 12 or Block 13 of changed,	r supplemental annual report is fit or the receiver of trustee ampower of on an attachment with an addi-	ue and accurate and that ared to execute this repor- ress.	d in Section 119.07(3)(i), Fiorida Statutes t my signature shall have the same lega that required by Chapter 697, Fyrida S	it effect as it made under oath; that itatutes; and that my name	

| SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED** 

Apr 15 1997 8:00am

Secretary of State