

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 625820

FILED  
Feb 07, 2012  
Secretary of State

**Entity Name:** HARRIS, WILCOX AND DONOVAN, P.A.

**Current Principal Place of Business:**

2023 PROFESSIONAL CENTER DR.  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

2023 PROFESSIONAL CENTER DR.  
ORANGE PARK, FL 32073

**New Mailing Address:**

**FEI Number:** 59-1910113

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILCOX, JOHN D., JR., M.D.  
2023 PROFESSIONAL CTR DR  
ORANGE PARK, FL 32073 US

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

KING, ERIC J  
2023 PROFESSIONAL CTR DR  
ORANGE PARK, FL 32073 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:** ERIC J KING

02/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DONOVAN, JOHN P MD  
**Address:** 2023 PROFESSIONAL CENTER DR  
**City-St-Zip:** ORANE PARK, FL 32073

**Title:** V  
**Name:** DOWNER, DONALD M MD  
**Address:** 2023 PROFESSIONAL CENTER DR  
**City-St-Zip:** ORANGE PARK, FL 32073

**Title:** S  
**Name:** PECORARO, RUSSELL A MD  
**Address:** 2023 PROFESSIONAL CENTER DR  
**City-St-Zip:** ORANGE PARK, FL 32073

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 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 all other like empowered.

**SIGNATURE:** JOHN P DONOVAN

P

02/07/2012

Electronic Signature of Signing Officer or Director

Date