


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 632693</b>		
1. Entity Name <b>THE MORRIS CENTER, P.A.</b>		
Principal Place of Business <b>2035 SW 75TH ST B GAINESVILLE, FL 32607 US</b>	Mailing Address <b>2035 SW 75 ST B GAINESVILLE, FL 32607 US</b>	



06202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1934708</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**ALEXANDER, A.W.  
4140 N.W. 27TH LANE.  
SUITE C  
GAINESVILLE, FL 32608**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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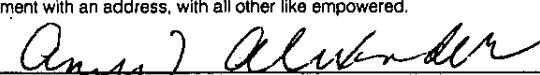
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALEXANDER, ANN W PRESIDE 2035 SW 75TH STREET GAINESVILLE, FL 32607
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06/26/06-80004-014.150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **6/29/06 352-332-2628**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #