

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 07, 2005 8:00 am
Secretary of State**

05-04-2005 90185 002 ***150.00

DOCUMENT # G52736	
1. Entity Name WILL G. HARRIS, M.D., P.A.	

Principal Place of Business 4301 N. HABANA AVE. P.O. BOX 273269 SUITE 4 33688-3269 TAMPA, FL 33607 US	Mailing Address 4301 N. HABANA AVE. P.O. BOX 273269 SUITE 4 33688-3269 TAMPA, FL 33607 US
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04292005 No Chg-P CF2E034 (10/03)

4. FEI Number 59-2307161	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HARRIS, WILL G. 16503 W. COLEMAN DR. TAMPA, FL 33624 4301 N. HABANA AVE. P.O. BOX 273269 SUITE 4 33688-3269 TAMPA, FL 33607 33688-3269
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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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

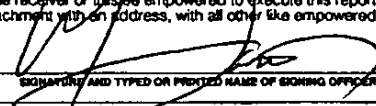
**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, WILL G 4301 N. HABANA AVE. STE 4 P.O. BOX 273269 TAMPA, FL 00000 TAMPA, FL 33688-3269
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  4/29/05 813-265-1126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #