
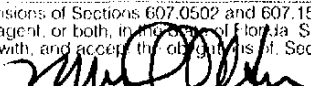
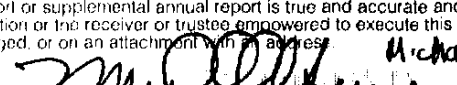


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
DOCUMENT # H32834 (4)																																																																																																																																																					
1. Corporation Name MICHAEL HARRIS, M.D., P.A.																																																																																																																																																					
Principal Place of Business % MICHAEL HARRIS, M.D. 1005 W COLLEGE BLVD STE A NICEVILLE FL 32578			Mailing Address % MICHAEL HARRIS, M.D. 1005 W COLLEGE BLVD STE A NICEVILLE FL 32578-1057																																																																																																																																																		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 12/05/1984 3a. Date of Last Report 03/19/1996 4. FEI Number 59-2486164 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																	
9. Name and Address of Current Registered Agent HARRIS, MICHAEL M.D. 1005 W. COLLEGE BLVD. STE A NICEVILLE FL 32578			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code																																																																																																																																																		
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:  DATE: 4-1-97																																																																																																																																																					
12. OFFICERS AND DIRECTORS																																																																																																																																																					
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																																																																					
14. I do 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 a address. SIGNATURE:  DATE: 4-3-97																																																																																																																																																					

CR2E034 (9/96)