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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 09 1997 8:00am Secretary of State

	L HARRIS, M.D., P.A.	4 (4)				
Principal Place of Business MICHAEL HARRIS, M.D. 1006 W COLLEGE BLVD STE A NICEVILLE FL 32578		Mailing Address Michael Harris, M.D. 1005 W COLLEGE BLVD STE A NICEVILLE FL 32578-1057		: 1401011 6:00 Halo 1189+ 1849 1141) E1	D)	
NICEVILLE PL 3	32378	MICEVILLE PL 32376-10	<i>51</i>	3. Date Incorporated or Qualified		ort
2 Principal Pt	lace of Business	2a. Mailing Address		12/05/1984 4. FEI Number	03/19/1996 Applie	d For
1	CONTROL COURSES	26		59-2486164	} } '``	pplicable
Suite, Apt a	#, etc	Suite, Apl. #, etc.		Certificate of Status Desired	\$8.75 Add	
City & State		City & State		,	Fee Requi	
City or State	:	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Ma	
Zip	Country	Zip	Country	8. This corporation has liability fo	· · · · · · · · · · · · · · · · · · ·	
	25	29	30	1	Yes No	
LIAD	9. Name and Address of Currer	nt Registered Agent	61 Name	10. Name and Address of New R	legistered Agent	
	IRIS, MICHAEL M.D. 5 W. COLLEGE BLVD. STE A			606.0	-1.1.3	
NICEVILLE FL 32578			62 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84 City		85 Zip Cod	 le
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SIGNATURE	VOLUME	1317 M .				
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reconcretely certify that the information supplied with this filling 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 Larman 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 layers.

A. Lawys

SIGNATURE: