

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000017160

FILED
Jan 06, 2003
Secretary of State

Entity Name: PATRICIA HARRISON, M.D., P.L.

Current Principal Place of Business:

300 LIDO COVE
NICEVILLE, FL 32578

New Principal Place of Business:

1025 N. BEAL PKWY
B-1
FORT WALTON BEACH, FL 32547

Current Mailing Address:

300 LIDO COVE
NICEVILLE, FL 32578

New Mailing Address:

1025 N. BEAL PKWY
SUITE B-1
FORT WALTON BEACH, FL 32547

FEI Number: 82-0553819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGILL, ROBERT E III
36008 EMERALD COAST PKWY., STE. 301
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: PATRICIA HARRISON M., D. P.L.
Address: 1025 N. BEAL PKWY SUITE B-1
City-St-Zip: FORT WALTON BEACH, FL 32547 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PATRICIA HARRISON M.D.

MGR

01/06/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date