

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L23083**

(3)

1. Corporation Name

MICHAEL A. MORRIS, D.O., P.A.



Principal Place of Business

% MICHAEL A MORRIS
4109 N ARMENIA AVE
TAMPA FL 33607

Mailing Address

3000 MEDICAL PARK DR
STE 100
TAMPA FL 33613
US

2. Principal Place of Business

21 3000 Medical Park Dr.

2a. Mailing Address

Suite, Apt. #, etc.

22 STE 100

City & State

23 Tampa, FL

Zip

24 33613

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MORRIS, MICHAEL A.
4109 N ARMENIA AVE
TAMPA FL 33607

3. Date Incorporated or Qualified

10/03/1989

3a. Date of Last Report

03/30/1995

4. FEI Number

85-0350260

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3000 Medical Park Dr., Ste 100

83

84 City
Tampa

FL

85 Zip Code

33613

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

Signature (Typed or Printed Name of Current Registered Agent)

(Typed or Printed Name of New Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME MORRIS, MICHAEL A
STREET ADDRESS 3000 MEDICAL PARK DR STE 100
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A. Morris

3/4/96

813 972 4488

CR2E034 (12/95)