2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# M05843

Entity Name: CHESTER H. MORRIS, M.D., P.A.

Current Principal Place of Business:

C/O CHESTER H. MORRIS, M.D.
660 N.E. 95 ST.
MIAMI SHORES, FL 33138

New Principal Place of Business:

734 NE 119TH STREET
BISCAYNE PARK, FL 33161

Current Mailing Address:

734 NE 119TH ST
BISCAYNE PARK, FL 33161

New Mailing Address:

FEI Number: 59-2450298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, CHESTER H., M.D.
660 N.E. 95 ST.
MIAMI SHORES, FL 33138 US

Name and Address of New Registered Agent:

MORRIS, CHESTER H., M.D.
734 NE 119TH STREET
BISCAYNE PARK-, FL 33161 US

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: CHESTER H. MORRIS 04/20/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MORRIS, CHESTER H.,, M.D.
Address: 734 N.E. 119 ST.
City-St-Zip: BISCAYNE PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MORRIS, CHESTER H.,, M.D.
Address: 734 N.E. 119 ST.
City-St-Zip: BISCAYNE PARK, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHESTER H. MORRIS PRES 04/20/2006
Electronic Signature of Signing Officer or Director Date