

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Joseph W. Mathias
Governor
Nancy J. Stage
Secretary
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 AM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M96359** (8)

1. Corporation Name
DR. HARRISON'S DENTAL OFFICE, P.A.

Principal Place of Business: **104 GREEN ST
CALLAHAN FL 32011**
Mailing Address: **104 GREEN ST
CALLAHAN FL 32011**

DO NOT WRITE IN THIS SPACE

3. Date of Organization or Qualification: **08/29/1988**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

State, Apt. # etc.: **22**
State, Apt. # etc.: **27**

City & State: **23**
City & State: **28**

Zip: **24**
Zip: **25**
Zip: **29**
Zip: **30**

4. FID Number: **59-2907998**
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**

7. This corporation has liability for intangible tax under the U.S. Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**HARRISON, JAMES ROGER
104 GREEN STREET
CALLAHAN FL 32011**

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 607.0504, Florida Statutes, the above named corporation submits the 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 607.0504, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Must be Registered with the Registrar)

Signature of Registered Agent (Must be Registered with the Registrar)

Date: _____

12. OFFICERS AND DIRECTORS

12-1	NAME: PD HARRISON, JAMES ROGER
12-2	STREET ADDRESS: 104 GREEN STREET
12-3	CITY & STATE: CALLAHAN FL
12-4	NAME: _____
12-5	STREET ADDRESS: _____
12-6	CITY & STATE: _____
12-7	NAME: _____
12-8	STREET ADDRESS: _____
12-9	CITY & STATE: _____
12-10	NAME: _____
12-11	STREET ADDRESS: _____
12-12	CITY & STATE: _____

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

13-1	NAME: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13-2	STREET ADDRESS: _____	
13-3	CITY & STATE: Callahan, Fl. 32011	
13-4	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-5	STREET ADDRESS: _____	
13-6	CITY & STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-7	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-8	STREET ADDRESS: _____	
13-9	CITY & STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-10	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-11	STREET ADDRESS: _____	
13-12	CITY & STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exceptions stated in Section 119.07, 1991, 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 167, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE: *James Roger Harrison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/22/95 (401) 877-1873
Date: _____ Telephone: _____