

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000020135

Entity Name: JOHN B. HARRIS, M.D., P.A.

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1030 A1A NORTH  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

1030 A1A NORTH  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

FEI Number: 59-3627358

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: HARRIS, JOHN B M.D.  
Address: 1030 A1A NORTH  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S  
Name: HARRIS, TAMARA K  
Address: 1030 A1A NORTH  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby 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 all other like empowered.

SIGNATURE: TAMARA HARRIS

S

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date