

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90162 045 ***150.00

DOCUMENT # P01000054547

1. Entity Name

TIMOTHY C. HARRELL, M.D., P.A.



Principal Place of Business

6405 N. FEDERAL HIGHWAY
SUITE 100
FORT LAUDERDALE FL 33308

Mailing Address

6405 N. FEDERAL HIGHWAY
SUITE 100
FORT LAUDERDALE FL 33308



2. Principal Place of Business

5700 N Federal Hwy
Suite, Apt. #, etc.
#6

City & State

Fort Lauderdale, FL

Zip
33308

Country US
Broward

3. Mailing Address

5700 N Federal Hwy
Suite, Apt. #, etc.
#6

City & State

Fort Lauderdale, FL

Zip
33308

Country
Broward, US

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-1109194

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRELL, TIMOTHY C
6405 N. FEDERAL HIGHWAY
SUITE 100
FORT LAUDERDALE-FL 33308

7. Name and Address of New Registered Agent

Name HARRELL, Timothy C MD
Street Address (P.O. Box Number is Not Acceptable)
5700 N Federal Hwy, #6
City Fort Lauderdale FL Zip Code 33308

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Timothy C. Harrell M.D. P.A.

02-07-06

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HARRELL, TIMOTHY C M.D.
STREET ADDRESS 6405 N. FEDERAL HIGHWAY
CITY-ST-ZIP FORT LAUDERDALE-FL 33308 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE HARRELL, Timothy C MD ☒ Change ☐ Addition
NAME
STREET ADDRESS 5700 N Federal Hwy, #6
CITY-ST-ZIP Fort Lauderdale, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Timothy C. Harrell M.D.

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

02-07-06 1-954-776-1190

Date

Daytime Phone #