FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91760 013 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000068897

1. Entity Name

Christopher A. Morrison, MD, PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
113 11th Street East	113 11th Street East
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tierra Verde, FL	City & State: Tierra Verde, FL
Zip: 33715 Country: USA	Zip: 33715 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3730470 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Christopher A. Morrison

Street Address (P.O. Box Number is Not Acceptable): 113 11th Street East

City: Tierra Verde FL Zip Code: 33715

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.

SIGNATURE: Christopher A. Morrison MD 5/16/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	Christopher A. Morrison, MD
STREET ADDRESS	113 11th Street East
CITY-ST-ZIP	Tierra Verde, FL 33715

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Christopher A. Morrison Christopher A. Morrison 5/16/02 727-644-3038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)