

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000070970

FILED
Jun 30, 2004
Secretary of State

Entity Name: DORECE G. NORRIS, M.D., P.A.

Current Principal Place of Business:

4205 S. MACDILL AVE.
A
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

4205 S. MACDILL AVE.
A
TAMPA, FL 33611

New Mailing Address:

FEI Number: 59-3742512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHANDLER, SUSANNE CPA
2002 N. LOIS AVE STE 220
TAMPA, FL 33607 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NORRIS, DORECE G MD
Address: 4205 S. MACDILL AVE. A
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DORECE NORRIS MD

DR

06/30/2004

Electronic Signature of Signing Officer or Director

_____ Date