


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90060 044 \*\*\*150.00

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<b>DOCUMENT # P01000092773</b>		
1. Entity Name PHILIP L HARRIS, M.D., P.A.		

Principal Place of Business 2623 S SEACREST BLVD STE 118 BOYNTON BEACH, FL 33435	Mailing Address 2815 N.W. 45TH STREET BOCA RATON, FL 33434
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2. Principal Place of Business <i>2800 S. Seacrest Blvd</i>	3. Mailing Address <i>2800 S. Seacrest Blvd</i>
Suite, Apt. #, etc. <i>Suite 200</i>	Suite, Apt. #, etc. <i>Suite 200</i>
City & State <i>Boynton Beach, FL</i>	City & State <i>Boynton Beach, FL</i>
Zip <i>33435</i>	Country <i>USA</i>

01282005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1139652	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HARRIS, PHILIP L M.D. 2815 N.W. 45TH STREET BOCA RATON, FL 33434	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2800 S. Seacrest Blvd</i> <i>Suite 200</i> City <i>Boynton Beach</i> FL Zip Code <i>33435</i>
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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 *Philip Harris* 1/28/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, PHILIP L MD 2815 NW 45TH ST BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2800 S. Seacrest Blvd, Suite 200</i> <i>Boynton Beach, FL 33435</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Philip L Harris* 1/28/05 (561) 736-8200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #