

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000019733

FILED
Apr 26, 2005
Secretary of State

Entity Name: HARRIS HEALTH CENTER, INC.

Current Principal Place of Business:

1221 CLEVELAND STREET
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

1221 CLEVELAND STREET
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 03-0394900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCE HARRIS, DC
1221 CLEVELAND STREET
CLEARWATER, FL 33755 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: HARRIS, BRUCE DC
Address: 1221 CLEVELAND STREET
City-St-Zip: CLEARWATER, FL 33755

Title: V (X) Delete
Name: VANLEUVEN, FLORENCE
Address: 215 GLENWOOD AVE.
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: BRUCE HARRIS, DC

PRES

04/26/2005

Electronic Signature of Signing Officer or Director

Date