

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90041 018 ***150.00

DOCUMENT # P02000019733

1. Entity Name

HARRIS HEALTH CENTER, INC.



Principal Place of Business

1221 CLEVELAND STREET
CLEARWATER, FL 33755

Mailing Address

1221 CLEVELAND STREET
CLEARWATER, FL 33755

2. Principal Place of Business - No P.O. Box #

215 N. Glenwood Ave

Suite, Apt. #, etc.

3. Mailing Address

215 N. Glenwood Ave

Suite, Apt. #, etc.



04142008

Chg-P

CR2E034 (12/06)

City & State

Clearwater FL

City & State

Clearwater FL

4. FEI Number

03-0394900

Applied For

Not Applicable

Zip

33755

Country

Pinellas

Zip

33755

Country

Pinellas

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUCE HARRIS, DC
1221 CLEVELAND STREET
CLEARWATER, FL 33755

7. Name and Address of New Registered Agent

Name Bruce Harris, DC

Street Address (P.O. Box Number is Not Acceptable)

215 N. Glenwood Ave

City Clearwater

FL

Zip Code 33755

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

Bruce Harris

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

(NOTE: Registered Agent signature required when reinstating)

15 AP 08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME HARRIS, BRUCE DC
STREET ADDRESS 1221 CLEVELAND STREET
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change of Address ☒ Change ☐ Addit
NAME
STREET ADDRESS 215 N. Glenwood Ave
CITY-ST-ZIP Clearwater, FL 33755

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Bruce Harris DC