

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000024593

**Entity Name:** ALAN J. HARRIS PHD, INC.

**FILED**  
**Apr 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6944 ST. AUGUSTINE ROAD  
SUITE C  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

6944 ST. AUGUSTINE ROAD  
SUITE C  
JACKSONVILLE, FL 32217

**New Mailing Address:**

**FEI Number:** 04-3619687

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARRIS, ALAN J PRES  
6944 ST. AUGUSTINE ROAD  
STE C  
JACKSONVILLE, FL 32217 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: HARRIS, ALAN J  
Address: 6944 ST. AUGUSTINE ROAD STE C  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby 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 all other like empowered.

SIGNATURE: ALAN J. HARRIS, PH.D.

PRES

04/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date