2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 16, 2004 8:00 am
Secretary of State

03-18-2004 90035 001 ***150.00

DOCUMENT # P03000036633

1. Entity Name
JAMES N. HARRIS, M.D., P.A.

Principal Place of Business	Mailing Address
1309 N FLAGLER DR WEST PALM BEAHC, FL 33401	1309 N FLAGLER DR WEST PALM BEAHC, FL 33401

01292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	P.O. Box 14067
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: North Palm Beach FL
Zip / Country	Zip: 33408 / Country: USA

4. FEI Number: 55-0829921 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R
201 ALHAMBRA CIR STE 601
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: James N. Harris, M.D.
Street Address (P.O. Box Number is Not Acceptable): 1309 North Flagler Drive
City: West Palm Beach FL Zip Code: 33401

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HARRIS, JAMES N	NAME	
STREET ADDRESS	1309 N FLAGLER DR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEAHC, FL 33401	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: James N. Harris MD 3/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #