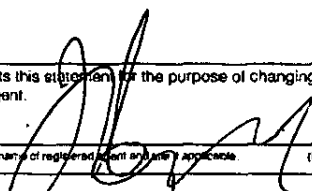
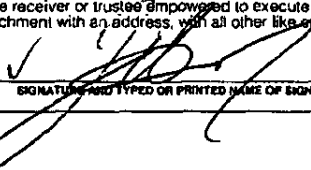


2004 FOR PROFIT CORPORATION ANNUAL REPORT

3/

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 1309 N FLAGLER DR WEST PALM BEACH, FL 33401		Mailing Address 1309 N FLAGLER DR WEST PALM BEACH, FL 33401	
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	Country
33408	USA	33408	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		7. Name and Address of New Registered Agent	
FIELDSTONE, RONALD R. 201 ALHAMBRA CIR STE 601 CORAL GABLES, FL 33134		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:  (NOTE: Registered Agent signature required when renewing) 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 NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, JAMES N 1309 N FLAGLER DR WEST PALM BEACH, FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		James N. Harris, MD 3/1/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	