2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State
07-31-2006 90004 031 ***550.00

DOCUMENT # P04000044708

1. Entity Name
STEPHANIE J. HARRIS, PA

Principal Place of Business	Mailing Address
7300 W. CAMINO REAL SUITE 201 BOCA RATON, FL 33433	7300 W. CAMINO REAL SUITE 201 BOCA RATON, FL 33433

2. Principal Place of Business		3. Mailing Address	
7300 W. Camino Real		7300 W. Camino Real	
Suite, Apt. #, etc. Suite 202		Suite, Apt. #, etc. Suite 202	
City & State Boca Raton, FL		City & State Boca Raton FL	
Zip 33433	Country USA	Zip 33433	Country USA

07242006 Chg-P CR2E034 (11/05)

4. FEI Number 16-1695780 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, STEPHANIE J
7300 W. CAMINO REAL SUITE 201
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name Harris Stephanie J
Street Address (P.O. Box Number is Not Acceptable)
7300 W. Camino Real Suite 2020
City Boca Raton FL Zip Code 33433

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 $550.00
Due by September 6, 2006

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, STEPHANIE J 7300 W. CAMINO REAL SUITE 201 BOCA RATON, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harris, Stephanie J 7300 W. Camino Real Suite 2020 Boca Raton, FL 33433	☒ 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephanie J. Harris Psy.D. C.Ht. P.A. 7/26/06 561-955-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #