


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90086 013 ***150.00

DOCUMENT # P04000156946 1. Entity Name TRAVIS M HARRIS, MD PA					
Principal Place of Business 800 FORT PICKENS RD UNIT #1403 PENSACOLA BEACH, FL 32561			Mailing Address 800 FORT PICKENS RD UNIT #1403 PENSACOLA BEACH, FL 32561		
2. Principal Place of Business 4532 Bayside Dr Suite, Apt. #, etc.		3. Mailing Address 4532 Bayside Dr Suite, Apt. #, etc.			
City & State Milton FL		City & State Milton FL		4. FEI Number 20-1886385	
Zip 32583		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, TRAVIS M. 800 FORT PICKENS RD UNIT #1403 PENSACOLA BEACH, FL 32561				7. Name and Address of New Registered Agent Name Harris Travis M Street Address (P.O. Box Number is Not Acceptable) 4532 Bayside Dr City Milton FL Zip Code 32583	
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 Travis M. Harris President 2/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P HARRIS, TRAVIS M 800 FORT PICKENS RD UNIT #1403 PENSACOLA BEACH, FL 32561 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Harris, Travis M 4532 Bayside Dr Milton FL 32583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Travis M Harris 2/6/06 504 319 8056 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					