

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000064471

**FILED**  
**Jul 18, 2008**  
**Secretary of State****Entity Name:** DE ANNE HARRIS COLLIER, M.D., P.A.**Current Principal Place of Business:**2151 ALTERNATE A1A SOUTH  
1350  
JUPITER, FL 33477 US**New Principal Place of Business:****Current Mailing Address:**10297 OSPREY TRACE  
WEST PALM BEACH, FL 33412 US**New Mailing Address:**2151 ALTERNATE A1A SOUTH  
1350  
JUPITER, FL 33477 US**FEI Number:** 56-2582616**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** MRS ( ) Delete  
**Name:** COLLIER, DE ANNE H  
**Address:** 10297 OSPREY TRACE  
**City-St-Zip:** WEST PALM BEACH, FL 33412 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DE ANNE HARRIS COLLIER

MGMR

07/18/2008

Electronic Signature of Signing Officer or Director

Date