FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # p93000020198

1. Corporation Name

JUDY B. HARRISON, M.D., P.A.

JUDY B. HARRISON, M.D	., P.A.
Principa: Place of Business	Mailing Address
	2301 Park Ave. #406 Orange Park, FL 32073

						3/17/1993			4/95			
Principal Place of Business 2a. Mating Address					4.	FEI Number			Applied For			
1		26					94-3182886 Not					
Suite, Ap	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired See Require							
City & State			City & State			6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip					puntry			This corporation has liability for intangible tax under s 199.032, Florida Statutes				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
					81	Name						
John F. Tolson, Jr.					82 Street Address (P.O. Box Number is Not Acceptable)							
2301 1	Park Ave., #406				02	Officer Addis	033 (1	O. Boy reprinted to the process	,			
	e Park, FL 32073				83							
					84	City			FL	85	Zip Code	
or regis	nt to the provisions of Sections 607,050 stered agent, or both, in the State of Flo with, and accept the obligations of, Sec	richa Suc	ch change was authoriz	red by the r	ve n	iamed corpora oration's boar	ation d of d	submits this statement for the proprectors. Thereby accept the ap	urpose of ch pointment as	anging i registe	ts registered office red agent I ann	

.... (A. F SIGNATURE (NOTE: Buy come Agine separation represent when he is they's ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS DELETE 1 1 T:TLE NAME STVPP Judy B. Harrison 1.2 NAME 2474 River Place Lane 1.3 STREET ADDRESS STREET ADDRESS Orange Park, FL 32073 1.4 CHIY+ST-ZIP CITY - S1 - ZIP Change Add-tion DELETE 2 1 TiTLE TILLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADURESS 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 3.1 PIDE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ACCIRESS 3.4 CITY - \$1 - 7(2) CITY - ST-2IP Change Addition DELETE 4 1 11111.6 TITLE 4.2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 900001826179 4.4 CITY - S1 - ZIP CITY-ST-ZIP -05/17/96--01018--099^{Change} DELETE 5 1 TITLE TITLE 5.2 NAME ***200.00 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplier ental annual report is true and accurate and that my signature shall have the same legal effect as if made under out it, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address.

President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/70/44

3. Date Incorporated or Qualified 3a. Date of Last Report

904-264-1518 Daylin o Pt. Joe 4 CR2E034 (12/95)