
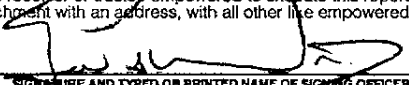


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 04, 2005 08:00 AM
Secretary of State**

DOCUMENT # P93000030875		
1. Entity Name JON A. HARMON, M.D., P.A.		
Principal Place of Business BRANDON SURGERY CENTER 711 S. PARSONS AVE. BRANDON, FL 33511 US		Mailing Address 10406 SEASIDE WAY TAMPA, FL 33615
<div>01152005 No Chg-P CR2E034 (10/03)</div> <div>4. FEI Number 59-3181268 Applied For Not Applicable</div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div>		
6. Name and Address of Current Registered Agent HARMON, JON A M.D. 10406 SEASIDE WAY TAMPA, FL 33615		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARMON, JON A M.D. 10406 SEASIDE WAY TAMPA, FL 33615	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  Jon A. Harmon, M.D. Date 1/15/05 Daytime Phone # 813-654-7771		



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