

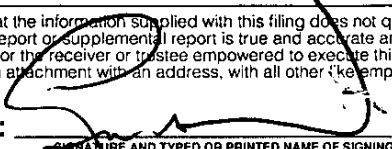


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000030875 1. Entity Name JON A. HARMON, M.D., P.A.						FILED 05 SEP 28 PM 4:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business BRANDON SURGERY CENTER 711 S. PARSONS AVE. BRANDON, FL 33511 US				Mailing Address 10406 SEASIDE WAY TAMPA, FL 33615			
2. Principal Place of Business		3. Mailing Address 711 S. PARSONS AVE				09152005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State BRANDON, FL.		4. FEI Number 59-3181268					
Zip 33511		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HARMON, JON A M.D. 10406 SEASIDE WAY TAMPA, FL 33615				7. Name and Address of New Registered Agent Name <u>J. HARMON</u> Street Address (P.O. Box Number is Not Acceptable) 18319 WYNN RD City ODESSA FL Zip Code 33556			
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>							
Amended AR is \$61.25		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	D HARMON, JON A M.D. 10406 SEASIDE WAY TAMPA, FL 33615			TITLE NAME STREET ADDRESS CITY-ST-ZIP	18319 WYNN RD ODESSA, FL. 33556		
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 100060204071 10/04/05--01015--017 **70.00		
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		
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		
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		
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		
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 duly empowered.							
SIGNATURE: 				Date 9/26/05		Daytime Phone # 813-654-7771	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							