

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000042977 (7)**

1. Corporation Name
GINA M. HARRIS, PH.D., P.A.



Principal Place of Business
**6363 TAFT ST.
SUITE 302
HOLLYWOOD FL 33024**

Mailing Address
**6363 TAFT ST.
SUITE 302
HOLLYWOOD FL 33024**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

25

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

30

9. Name and Address of Current Registered Agent

**HARRIS, GINA M. PHD
6363 TAFT ST. SUITE 302
HOLLYWOOD FL 33024**

3. Date Incorporated or Qualified **06/17/1993**

3a. Date of Last Report **06/09/1995**

4. FEI Number **65-0420587**

5. Certificate of Status Based **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This Corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 605.061 and 605.062, Florida Statutes, for above named corporation submit the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the Corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 605.061, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE	PDS	<input type="checkbox"/> DELETED	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2. NAME	HARRIS, GINA M		2. NAME		
3. STREET ADDRESS	6363 TAFT ST. #302		3. STREET ADDRESS		
4. CITY, STATE, ZIP	HOLLYWOOD FL 33024		4. CITY, STATE, ZIP		
5. TITLE		<input type="checkbox"/> DELETED	5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6. NAME			6. NAME		
7. STREET ADDRESS			7. STREET ADDRESS		
8. CITY, STATE, ZIP			8. CITY, STATE, ZIP		
9. TITLE		<input type="checkbox"/> DELETED	9. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
10. NAME			10. NAME		
11. STREET ADDRESS			11. STREET ADDRESS		
12. CITY, STATE, ZIP			12. CITY, STATE, ZIP		
13. TITLE		<input type="checkbox"/> DELETED	13. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
14. NAME			14. NAME		
15. STREET ADDRESS			15. STREET ADDRESS		
16. CITY, STATE, ZIP			16. CITY, STATE, ZIP		
17. TITLE		<input type="checkbox"/> DELETED	17. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
18. NAME			18. NAME		
19. STREET ADDRESS			19. STREET ADDRESS		
20. CITY, STATE, ZIP			20. CITY, STATE, ZIP		

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(k), Florida Statutes. I further certify that the information is based on true and correct information reported to me and I am an officer or director of the corporation in the respective capacity empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from an appointment with an attorney.

SIGNATURE: **X** *Gina M. Harris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)