

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90309 042 \*\*\*150.00

DOCUMENT # P93000042977  
 1. Entity 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: 19195 Mystic Pt Drve Unit 1701, Bldg 100 Aventura Florida 33180  
 3. Mailing Address: 19195 Mystic Pt Drve Unit 1701, Bldg 100 Aventura Florida 33180

4. FEI Number: 65-0420587  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required



04052006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent: HARRIS, GINA M. PHD 6363 TAFT ST. SUITE 302 HOLLYWOOD, FL 33024

7. Name and Address of New Registered Agent: Name: Dr. Gina Harris, Ph.D., P.A. Street Address: 19195 Mystic Pt Drve Unit 1701, Bldg 100 City: Aventura FL Zip Code: 33180

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: *Dr. Gina Harris, Ph.D., P.A.* DATE: 3/26/06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE: POS NAME: HARRIS, GINA M STREET ADDRESS: 6363 TAFT ST. #302 CITY-ST-ZIP: HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PDS NAME: HARRIS, GINA M. STREET ADDRESS: 19195 Mystic Pt Drve Apt 1701 Bldg 100 CITY-ST-ZIP: Aventura, Florida 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Dr. Gina Harris, Ph.D., P.A.* DATE: 3/26/06 DAYTIME PHONE: 954-966-4447