## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P93000044343

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90059 037 \*\*\*150.00

Principal Place of Business	THOMAS	S D. HARRIS, M.D., P.A.							
Test COMPOY ROAD   Test COMPOY ROAD   STEE   B							.	BIII <b>18</b> 11) <b>(1</b> 111 8181 818 <b>1</b> 3	
STE 8 ORLANDO FL 29935	Principal Place	e of Business	Mailing Address						
ORLANDO FL 3885  ORLANDO FL 3885  ORLANDO FL 3885  3. Date incorporated or Cousilied  OR/21/1983  2. Principal Place of Business  2. Minling Address  3. Date incorporated or Cousilied  OR/21/1983  3. Date incorpor									
2. Principal Place of Business   2a. Mailing Address   3. Even Mark   Applied For   Soft   1993   Applied For   1993   Applied F							DO NOT WR	ITE IN THIS SPACE	
Principal Place of Business   2a. Mailing Address   4. FEI humber   2a. Mailing Address   5. Carificate of Status Desired   Mex. Application   M	ORLANDO FL 32835 ORLANDO FL 32835								
2. Principal Place of Business   2. A. Mairing Address   2. Suite, Apt. #. etc.   25   Suite, Apt. #. etc.   27   Country   28   City & State   28   City & State   28   City & State   28   City & State   29   30   Suite, Apt. #. etc.   27   Country   28   Suite, Apt. #. etc.   27   Country   28   Suite, Apt. #. etc.   28   Suite, Apt. #. etc.   27   Country   28   Suite, Apt. #. etc.   28   Suite, Apt. #. etc.   29   30   Suite, Apt. #. etc.   29							•	•	
Sulfe, Apt. #, etc.    Sulfe, Apt. #, etc.	2 Principal P	lace of Rusiness	2a Mailing Address					<del></del>	Applied For
Sulte, Apt. #, etc.    Sulte, Apt. #, etc.	<del></del>	lace of business	_ <u>_</u>					H	
27		# oto			· · · · · · ·			_ \$8.7	
City & State    City & State							5. Certifcate of Status Desired		
Zip   Country   Zip   Country   Zip   Country   Zip   Country   S. This corporation were the current year intempleted   Personal Property Tax.   Yes   No.   Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent	<u> </u>					-	& Election Campaign Financing	\$5.0	NO May Be
Zip									-
25   29   30   Personal Property Tax		Country		Count	irv				
9. Name and Address of Current Registered Agent  HARRIS, THOMAS 7485 CONROY RD. STE_8 ORLANDO FL 32835  13. Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 (502 and 607 1506, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familier with, age spooph the pulgions of, Section 607 (505) And 607 (1506) And 607 (1506) And 1507 (1506) And 1507 (1507) And 1							•		□No
HARRIS, THOMAS 7485 CONROY RD. STE. B ORLAND FI 32835  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the exponent manual corporation submits this statement for the purpose of changing its registered diffice or registered degent, 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, and terminal with use accept the provisions of Section 607.0502, Florida Statutes, the corporation submits this statement for the purpose of changing its registered diffice or registered degent, and the provisions of Section 607.0502, Florida Statutes, and the statement for the purpose of changing its registered degree degent 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, and the provisions of Control				301				Registered Agent	
T485 CONROY RD. STE. B ORLANDO FL 32835  82 Street Address (P-D. Box Number is Not Acceptable)  83 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familier with, said approach of political control of the corporation submits this statement for the purpose of changing its registered agent. I am familier with, said approach submits as a submit of directors. I hereby accept the approach agent age		J. Hallo and Addition of Control		8	1 Nam	ne			
T485 CONROY RD. STE. B ORLANDO FL 32835  82 Street Address (P-D. Box Number is Not Acceptable)  83 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familier with, said approach of political control of the corporation submits this statement for the purpose of changing its registered agent. I am familier with, said approach submits as a submit of directors. I hereby accept the approach agent age	HARRIS, THOMAS							L_L1_\	
ORLANDO FL 32835  84 City FL 85 Zip Code  11. Personnet to the provisions of Sactions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and agency of the purpose of changing its registered agent. I am familier with and species price by providing the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent a				a	32 Stre	eet Addres	s (P.O. Box Number is Not Accept	(able)	Ī
ORLANDO FL 32835  84 City FL 85 Zip Code  11. Personnet to the provisions of Sactions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and agency of the purpose of changing its registered agent. I am familier with and species price by providing the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent a				8	13	· ····· · · · · · · · · · · · · · · ·			
11. Pursuant to the provisions of Sections 607 (502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and 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, and the supposition of the provisions of section 607 (505), Florida Statutes.  SIGNATURE  Signature, typed organized name of registered agent and site // approachs.  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TITLE  D HARRIS, THOMAS D M.D.  7485 CONROY RD, STE. B  ORLANDO FL 32835  ORLANDO FL 32835  DELETE  21 ITILE  D DELETE  21 ITILE  D DELETE  22 INAME  32 STREET ADDRESS  CITY. ST. ZIP  TITLE  D DELETE  31 STREET ADDRESS  CITY. ST. ZIP  TITLE  D DELETE  31 STREET ADDRESS  CITY. ST. ZIP  TITLE  D DELETE  31 STREET ADDRESS  CITY. ST. ZIP  TITLE  D DELETE  31 STREET ADDRESS  CITY. ST. ZIP  TITLE  D DELETE  31 STREET ADDRESS  CITY. ST. ZIP  C Change  Addition  Addition  ANAME  STREET ADDRESS  CITY. ST. ZIP  C Change  Addition  Addition  ADDITIONS/CHANGES AND DIRECTORS IN 12  ADDITIONS/CH									
The present to the provisions of Sections 607 (502) and				8	84 City			EI  85   7	Zip Code
office or registered Agent, or both, in the State of Florida, Such change was authorized by the corporation's board of director's. Thereby archer the applications of Section 607 0505, Florida Statutes.  SIGNATURE    12.	44 =		OD and COZ 4500 Elosida Statuta	ho the abs	l name	od corner	ation submits this statement for the		its registered
12.	office or r agent. I a	edistered Agent, or both, in the State	e of Florida. Such change was at	itnorizea d	ov the co	orporation	's board of directors. I hereby acce	рсте арропшнет а	s registered
TITLE	0.010110112				gent signatu	ure required w			TODO IN 40
MARE	12.			_			ADDITIONS/CHANGES TO OF		
STREET ADDRESS   CITY-ST-ZIP	TITLE	-	Li DELETE	1.1 TITLE	E			(Cnar	ige 🕒 Audilion
Addition   Change   Cha	NAME			1.2 NAM	1.2 NAME				
TITLE	STREET ADDRESS			1.3 STREET ADORESS		ESS			
NAME	CITY-ST-ZIP			1.4 CITY-ST-ZIP					
STREET ADDRESS   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP	TITLE	☐ DELETE 2.1		2.1 TITLE	2.1 TITLE			∐ Char	ige 🔲 Addition
CITY-ST-ZIP	NAME	22		2.2 NAM	E				ł
TITLE	STREET ADDRESS			2.3 STRE	EET ADDRE	≣SS			
NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  CITYLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  CITYLE  A1 TITLE  4.1 TITLE  4.2 NAME  4.2 NAME  4.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  CITYLE  CITYLE  CITYLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  CITYLE  CITYLE STREET ADDRESS  CITY-ST-ZIP  TITLE  CITYLE  CITYLE  CITYLE  CITY-ST-ZIP  TITLE  CITYLE  STREET ADDRESS	CITY-ST-ZIP			2.4 CITY	Y∙ST-ZIP				
STREET ADDRESS   33 STREET ADDRESS   34. CITY-ST-ZIP	TITLE	☐ DELETE 3.1		3.1 TITLE	3.1 TITLE			☐ Char	ige
CITY-ST-ZIP	NAME			3.2 NAM	E				
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         4.3 STREET ADDRESS         4.4 CITY-ST-ZIP         Change         Addition           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP           CITY-ST-ZIP         5.1 TITLE         Change         Addition           NAME         6.1 TITLE         Change         Addition           NAME         6.2 NAME         Change         Addition	STREET ADDRESS	1		3.3 STRE	EET ADDRE	ESS			•
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         4.4 CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP           CITY- ST-ZIP         5.4 CITY-ST-ZIP         Change         Addition           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         6.2 NAME         6.3 STREET ADDRESS	CITY-ST-ZIP			3.4. CITY	r-ST-ZIP				
STREET ADDRESS			☐ DELETE	4.1 TITLE	Ε			☐ Char	nge 🗌 Addition
A4 CITY-ST-ZIP	NAME			4. 2 NAM	4E	į			
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CTY-ST-ZIP         CTY-ST-ZIP         CTY-ST-ZIP         Change         Addition           NAME         6.2 NAME         CAMME         CTY-ST-ZIP         CTY-ST-ZI	STREET ADDRESS			4.3 STR	EET ADDRE	ESS			
TITLE         DELETE         51 TITLE         Change         Addition           NAME         52 NAME         5.3 STREET ADDRESS         CITY-ST-ZIP         5.4 CITY-ST-ZIP         CTTY-ST-ZIP         Change         Addition         Addition         Addition         Change         Addition         Addition         Addition         Change         Addition         <				4.4 CITY	-ST-ZIP				
NAME         52 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY- ST-ZIP         5.4 CITY- ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         6.3 STREET ADDRESS			☐ DELETE	_				☐ Char	nge 🔲 Addition
5.3 STREET ADDRESS	İ			5.2 NAM	E				
	l			5.3 STRI	EET ADDRE	ESS			1
DELETE 6.1 TITLE Change Addition  NAME  6.2 NAME  6.3 STREET ADDRESS				5.4 CITY	-ST-ZIP				ĺ
NAME 6.2 STREET ADDRESS			☐ DELETE	_				Char	nge Addition
6.3 GTDEET #00DESS			-	6.2 NAM	E				
	STREET ADDRESS	<u> </u>		6.3 STR	EET ADDRE	ESS			ţ

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR