2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000044343

Entity Name: THOMAS D. HARRIS, M.D., P.A

FILED Sep 28, 2004 Secretary of State

Entity Nat	IIIe: THOMAS	D. HARRIS, W.D., P.A.			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
STE. A	KEY LAKE RO D, FL 32819	AD			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
STE. A	KEY LAKE RO D, FL 32819	AD			
FEI Number	: 59-3192921	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	MELDA E AKE BUTLER MERE, FL 3478				
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electror	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () HARRIS, THOM 5700 W. LAKE WINDERMERE	BUTLER ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS D. HARRIS P 09/28/2004