2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2005
Secretary of State

DOCUMENT# P93000044343

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

Current Principal Place of Business:

5900 TURKEY LAKE ROAD
STE. A
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5900 TURKEY LAKE ROAD
STE. A
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3192921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, IMELDA E
5700 W. LAKE BUTLER ROAD
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

HARRIS, IMELDA E
5900 TURKEY LAKE RD, SUITE A
ORLANDO, FL 32819 US

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.

SIGNATURE: IMELDA E. HARRIS 06/28/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HARRIS, THOMAS D M.D.
Address: 5700 W. LAKE BUTLER ROAD
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HARRIS, THOMAS D M.D.
Address: 5900 TURKEY LAKE RD., SUITE A
City-St-Zip: ORLANDO, FL 32819

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 06/28/2005
Electronic Signature of Signing Officer or Director Date