2010 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 30, 2010
Secretary of State

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

Current Principal Place of Business:

5900 TURKEY LAKE ROAD
SUITE A
ORLANDO, FL 32819

New Principal Place of Business:

5900 TURKEY LAKE ROAD
SUITE A
ORLANDO, FL 32819 US

Current Mailing Address:

5900 TURKEY LAKE ROAD
SUITE A
ORLANDO, F 32819

New Mailing Address:

5900 TURKEY LAKE ROAD
SUITE A
ORLANDO, FL 32819 US

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
5900 TURKEY LAKE ROAD
SUITE A
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: M.D.
Name: HARRIS, THOMAS D M.D.
Address: 5900 TURKEY LAKE ROAD, SUITE A
City-St-Zip: ORLANDO, FL 32819 US

I hereby 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 all other like empowered.

SIGNATURE: THOMAS D. HARRIS, M.D. M.D. 11/30/2010
Electronic Signature of Signing Officer or Director Date