



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90041 050 ***150.00

DOCUMENT # P96000100803 1. Entity Name MORTON MORRIS, D.O., J.D., P.A.					
Principal Place of Business 512 PALM DRIVE HALLANDALE, FL 33009			Mailing Address 512 PALM DRIVE HALLANDALE, FL 33009		
2. Principal Place of Business 512 Palm Drive Suite, Apt. #, etc.		3. Mailing Address 512 Palm Drive Suite, Apt. #, etc.			
City & State Hallandale Beach, FL		City & State Hallandale Beach, FL		4. FEI Number 65-0714811	
Zip 33009		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, MORTON 512 PALM DRIVE HALLANDALE, FL 33009				7. Name and Address of New Registered Agent Name Morton Morris Street Address (P.O. Box Number is Not Acceptable) 512 Palm Drive City Hallandale Beach FL Zip Code 33009	
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 _____ (NOTE: Registered Agent signature required when retesting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME MORRIS, MORTON <input type="checkbox"/> Delete STREET ADDRESS 512 PALM DRIVE CITY-ST-ZIP HALLANDALE, FL 33009	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Morton Morris STREET ADDRESS 512 Palm Drive CITY-ST-ZIP Hallandale Beach, FL 33009				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. 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 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:  Morton Morris, D.O., J.D. 2-25-04 (954) 262-1746 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					