JOGU	MENT # P97000)106498					U	83004
J. MICHAEL HARRIS, M.D., P.A.					FILED			
J. MICI	HAEL HANNIS, M.D., P.A.		÷	,				
Principal Plac	ce of Business	Mailing Address		-10	00 AUG	S 3 AM IC	1:27	
88 50 s tami <i>i</i> Suite a	am) trail	8800 S TAMIAMI TRAIL SUITE A		A.	SECRI	ETARY OF S	TATE	
SARASOLA F	L 34238	SARASOTA EL 34230			TALLAI	ASSEE, FLO	JKIDA	
2. Principal P	Place of Business	3. Mailing Address		{				
1830 Suite, Apt.	5. OSIRey INE	/830 5. Suite, Apt. #, etc.	OSPRey	HUE		IN THE THE AND AND T	SPACE	. IXINI 1910 991
City & Star	A 104	City & State	104					opling For
SARA	SOTA FL	SARASOTA	FL	4. Ft	^{11 Number} 65-07	95738	N	oplied For ot Applicable
Zip 34239	1-3615 Country USA	^{Zip} 34239-3615	Country USA	5. C	ertificate of Status Des		\$8.75 Ad Fee Require	
۰۰۰ مناتید ^{ور} د محمد مناتید ورد ۱۹۰۰ ۲	6. Name and Address of Curren	t Registered Agent	Name	7. Ne	me and Address of M	lew Registered A	igent	
	RRIS, J. MICHAEL M.D. 30 S. TAMIAMI TRAIL 59	easom medical	Bldg Street A	ddress (P.O. Bo	Number is Not Acce	otable)	<u>.</u>	
-60		ensom Medical a #104 5 55PRey AVE MESTA, FL 3423						
9A1	RASOTA FL 34238 San	ASUTA, FL 3423	9 City			FL	Zip Coo	e,
. The above	a named entity submits this statement f	or the purpose of changing its re	egistered office or	r registered ager	nt, or both, in the State	of Florida.		
	X(IVVL)	N.)				8/7/00		
	Signatura, typed or printed name of registered agent		Registered Agent signatu	·	tating)	/ DATE		
Tax filing r	pration is eligible to satisfy its Intangible requirement and elects to do so.	After SEPTEMBER 13,			10. Election Campai Trust Fund Contri		\$5.0 Added	May Be d to Fees
(See Criter	ria on back)	Make Check Payable		ا ينعمهم	HUSCI VING COULT			4 40 I QUU I
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J. Michael Harris, M. D. P.A.

Sarasota Medical Building Suite 104 1830 South Osprey Avenue Sarasota, Florida 34239-3615 (941) 366-4440

August 23, 2000

Florida Department of State Division of Corporations P. O. Box 1500 Tallahassee, Florida 32302-1500

Dear Sir or Madam:

My fee for filing my annual report was mailed to you late because I did not receive the application until the beginning of August. I moved to my new office location last November and there have been some problems with the post office forwarding my mail. I spoke to someone in your office and they said for me to mail the application in with my check of 150.00 and the late fee would be waived. Now I received your letter stating that the report has not been filed and to send an additional \$400.00. I again spoke to someone in your office and they said I must send a letter of explanation. Enclosed please find the corrections to the report and my letter requesting that the late fee be waived.

Sincerely,

J. Michael Harris, M. D. P. A.