

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106498

FILED
Apr 03, 2008
Secretary of State

Entity Name: J. MICHAEL HARRIS, M.D., P.A.

Current Principal Place of Business:

2750 BAHIA VISTA STREET
SUITE 270
SARASOTA, FL 34239

New Principal Place of Business:

514 THUNDER RIDGE ROAD
#20815
JASPER, GA 30143

Current Mailing Address:

3953 SPYGLASS HILL ROAD
SARASOTA, FL 34238

New Mailing Address:

514 THUNDER RIDGE ROAD
#20815
JASPER, GA 30143

FEI Number: 65-0795738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, J. MICHAEL M.D.
2750 BAHIA VISTA STREET
SUITE 270
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

HARRIS, J. MICHAEL M.D.
3941 ALLAN PLACE
SARASOTA, FL 34241 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: J. MICHAEL HARRIS

04/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARRIS, TRACI RN
Address: 2750 BAHIA VISTA STREET
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HARRIS, TRACI RN
Address: 514 THUNDER RIDGE ROAD
City-St-Zip: JASPER, GA 30143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TRACI HARRIS

D

04/03/2008

Electronic Signature of Signing Officer or Director

Date