

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90027 017 ***150.00

DOCUMENT # P98000037895

1. Corporation Name

H. ROSS HARRIS, M.D., P.A.

Principal Place of Business

2691 WHITE CEDAR LANE
NAPLES FL 34109

Mailing Address

2691 WHITE CEDAR LANE
NAPLES FL 34109

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1998

4. FEI Number

65 0855523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 5415 Park Central Ct

2a. Mailing Address

26 5415 Park Central Ct

Suite, Apt. #, etc.

22 Bldg D

Suite, Apt. #, etc.

27 Bldg D

City & State

23 Naples FL

City & State

28 Naples FL

Zip

24 34103

Country

25 USA

Zip

29 34103

Country

30 USA

9. Name and Address of Current Registered Agent

KAYUSA, MICHAEL F
1922 VICTORIA AVENUE STE. A
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

N/A

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SDVT
HARRIS, H R
STREET ADDRESS 2691 WHITE CEDAR LANE
CITY-ST-ZIP NAPLES FL 34109

TITLE ☐ DELETE

NAME P
HARRIS, H R
STREET ADDRESS 2691 WHITE CEDAR LANE
CITY-ST-ZIP NAPLES FL 34109

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS - 5415 Park Central Court Bldg D

1.4 CITY-ST-ZIP Naples FL 34103

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 5415 Park Central Court Bldg D

2.4 CITY-ST-ZIP Naples FL 34103

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

H. Ross Harris MD 4/23/99 941 936 6524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0459015