

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. McInnery
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S66571** (8)

1. Corporation Name
ROBERT S. MORRIS, JR., M.D., P.A.



Principal Place of Business: **900 S HARBOR CITY BLVD #200 MELBOURNE FL 32901**
 Mailing Address: **900 S HARBOR CITY BLVD #200 MELBOURNE FL 32901**

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. No.	26. State, Apt. No.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified 07/10/1991	3a. Date of Last Report 03/21/1995
4. FEI Number 59-3077634	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**MITCHELL, BRUCE A ESO
1825 S RIVERVIEW DRIVE
MELBOURNE FL 32901**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.02 and 607.15(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or principal place of business, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.02(b), Florida Statutes.

SIGNATURE		DATE	
OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. NAME	<input type="checkbox"/> DELETE	13. 1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D MORRIS, JR ROBERT S., MD		2. NAME	
2368 N RIVERSIDE DR		3. STREET ADDRESS	
INDIALANTIC FL	<input type="checkbox"/> DELETE	4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5. NAME	
	<input type="checkbox"/> DELETE	6. STREET ADDRESS	
		7. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	8. NAME	
		9. STREET ADDRESS	
	<input type="checkbox"/> DELETE	10. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11. NAME	
	<input type="checkbox"/> DELETE	12. STREET ADDRESS	
		13. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	14. NAME	
		15. STREET ADDRESS	
	<input type="checkbox"/> DELETE	16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(a), 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. I am an officer or director of the corporation, the receiver or trustee or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as a name with an address.

SIGNATURE: *Robert S. Morris, Jr., MD*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/95
 DATE

CR2E034 (12/95)