

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S66571

FILED
Apr 25, 2005
Secretary of State

Entity Name: ROBERT S. MORRIS, JR., M.D., P.A.

Current Principal Place of Business:

930 S HARBOR CITY BLVD #200
MELBOURNE, FL 32901

New Principal Place of Business:

930 S. HARBOR CITY BLVD.
SUITE 200
MELBOURNE, FL 32901

Current Mailing Address:

930 S HARBOR CITY BLVD #200
MELBOURNE, FL 32901

New Mailing Address:

930 S. HARBOR CITY BLVD.
SUITE 200
MELBOURNE, FL 32901

FEI Number: 59-3077634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NASH, CHARLES IAN
930 S. HARBOR CITY BOULEVARD
SUITE 505
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

NASH, CHARLES IAN
440 SOUTH BABCOCK STREET
MELBOURNE, FL 32901 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: _____

Electronic Signature of Registered Agent

04/25/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: MORRIS, JR ROBERT S., MD
Address: 2368 N RIVERSIDE DR
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: MORRIS, JR., ROBERT S M.D.
Address: 2368 N. RIVERSIDE DR.
City-St-Zip: INDIALANTIC, FL 32903

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT S. MORRIS, JR., M.D.

Electronic Signature of Signing Officer or Director

DR.

04/25/2005

Date