

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000051319

**Entity Name:** STEVEN MORRIS, M.D., P.A.

**Current Principal Place of Business:**

2900 N MILITARY TRAIL  
SUITE 245  
BOCA RATON, FL 33431

**Current Mailing Address:**

2900 N MILITARY TRAIL  
SUITE 245  
BOCA RATON, FL 33431

**FEI Number:** 20-2491272

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MORRIS, STEVEN MD  
2900 N MILITARY TRAIL  
SUITE 245  
BOCA RATON, FL 33431 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DR  
Name MORRIS, STEVEN MD  
Address 7508 LA PAZ CT APT 101  
City-State-Zip: BOCA RATON FL 33433

*I hereby 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 all other like empowered.*

**SIGNATURE:** STEVEN MORRIS

MD

04/23/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date