

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000055829

**Entity Name:** ALLISON C. HARRIS, D.M.D., P.A.

**Current Principal Place of Business:**

1850 MOHICAN TRAIL  
MAITLAND, FL 32751

**Current Mailing Address:**

1850 MOHICAN TRAIL  
MAITLAND, FL 32751 US

**FEI Number:** 27-3039160

**Certificate of Status Desired:** No

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

HARRIS, ALLISON  
1850 MOHICAN TRAIL  
MAITLAND, FL 32751 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:** ALLISON C. HARRIS

04/28/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP	Title	PRES
Name	HARRIS, ADAM D	Name	HARRIS, ALLISON C
Address	1850 MOHICAN TRAIL	Address	1850 MOHICAN TRAIL
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751

*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:** ALLISON C. HARRIS

PRESIDENT

04/28/2024

Electronic Signature of Signing Officer/Director Detail

Date