

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000055829

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

**Current Principal Place of Business:**

154 MCGREGOR ROAD  
DELAND, FL 32720

**Current Mailing Address:**

154 MCGREGOR ROAD  
DELAND, FL 32720

**FEI Number:** 27-3039160

**Certificate of Status Desired:** No

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

ASTRID DE PARRY, P.A.  
107 E CHURCH ST  
DELAND, FL 32724 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	VP	Title	PRES
Name	HARRIS, ADAM D	Name	HARRIS, ALLISON C
Address	2 KATRINA COVE	Address	2 KATRINA COVE
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	LONGWOOD FL 32750

*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**

**03/18/2014**

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

\_\_\_\_\_  
Date