

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000044343

Entity Name: THOMAS D. HARRIS, M.D., P.A.

Current Principal Place of Business:

5900 TURKEY LAKE ROAD
SUITE A
ORLANDO, FL 32819

Current Mailing Address:

5900 TURKEY LAKE ROAD
SUITE A
ORLANDO, FL 32819 US

FEI Number: 59-3192921

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRIS, THOMAS D DR.
5900 TURKEY LAKE ROAD
SUITE A
ORLANDO, FL 32819 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: THOMAS D. HARRIS

02/08/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title M.D.
Name HARRIS, THOMAS DM.D.
Address 5900 TURKEY LAKE ROAD, SUITE A
City-State-Zip: ORLANDO FL 32819

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: THOMAS HARRIS

MD

02/08/2016

Electronic Signature of Signing Officer/Director Detail

Date