

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017160

Entity Name: PATRICIA HARRISON, M.D., P.L.

Current Principal Place of Business:

1025 N. BEAL PKWY
B-1
FORT WALTON BEACH, FL 32547

Current Mailing Address:

1025 N. BEAL PKWY
B-1
FORT WALTON BEACH, FL 32547

FEI Number: 82-0553819

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCGILL, ROBERT EIII
36008 EMERALD COAST PKWY., STE. 301
DESTIN, FL 32541 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

Authorized Person(s) Detail :

Title MGRM
Name PATRICIA HARRISON M.D. P.L.
Address 1025 N. BEAL PKWY SUITE B-1
City-State-Zip: FORT WALTON BEACH FL 32547

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GREG PANZIK

OFFICE MANAGER

01/14/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date