2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 22, 2008 8:00 am Secretary of State

1. Entity Name THE HAR	e		686 JTH MCEACHERN	04-22-2008 90015 050 ****61.25			51.25		
Principal Place 9130 GALLER 311 NAPLES, FL	RIA CT		Mailing Address 9130 GALLERIA CT 311 NAPLES, FL 34109		4 (67)(6) 4)	PB/11 88)34 88)// 88/11 88)34 8	151))		
5551. Suite, Apt.	Kidse	s - No P.O. Box #	3. Mailing Address SSSI Ride Suite, Apt. #, etc.	sewood `	03042008	Chg-NP	CR2E037 (12/06)		
City & State		FI	City & State	FI	4. FEI Numbe 31-1770		<u> </u>	plied For Applicable	
3410	8	Country	34108	Country	5. Certificate	of Status Desired	\$8.75 Addi	itional	
	6. Name a	nd Address of Current R	egistered Agent	Name 2	7. Name and	Address of New Reg	1 1		
STRAUSS, JEROME M 9130 GALLERIA CT SUITE 311 Street Address						CP.O. Box Number is Not Acceptable)			
NAPLES, F	FL 34109			1 Ridge	wood D	r. Suite	501		
				City X	Daples		FL Zip Code	108	
	named entity s		the purpose of changing its r	egistered office or	registered agent, or bot	h, in the State of Flori	da. I am familiar with, a	and accept	
SIGNATURE Jerome M. Strauss 3-6-08									
	Signature, typed or	printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signati	ure required when reinstating)	<u> </u>	DATE		
	Filing Fee Due by Ma		9. Election Cam Trust Fund Ca		S 5.00 May B Added to Fees		ke check payable to la Department of St		
		OFFICERS AND DIR	ECTORS	11.	ADDITIONS (CU	ANGES TO OFFICER:	S AND DIRECTORS IN	10	
10.	nes				ADDITIONS/CH			□ Addition	
TITLE NAME	DPS BEAN, DIAI	NA.	☐ Delete	TITLE NAME	ADDITIONS/CH.		☐ Change	Addition	
TITLE	BEAN, DIAI	ADIA CT NE		TITLE	ADDITIONS/CH.			Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BEAN, DIAN 13355 ARC BEMIDJI, M	ADIA CT NE IN 56601		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BEAN, DIAN 13355 ARC BEMIDJI, M D STRAUSS,	ADIA CT NE IN 56601 JEROME M	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	P	erome H	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BEAN, DIAN 13355 ARC BEMIDJI, M D STRAUSS,	ADIA CT NE N 56601 JEROME M ERIA CT SUITE 311	□ Delete	HITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE	BEAN, DIAN 13355 ARC. BEMIDJI, M D STRAUSS, 9130 GALLI NAPLES, F	ADIA CT NE IN 56601 JEROME M ERIA CT SUITE 311 L 34109	□ Delete	ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P		Change Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BEAN; DIAI 13355 ARC BEMIDJI, M D STRAUSS, 9130 GALLI NAPLES, F D MCEACHEI 12210 KELI FORT MYE	ADIA CT NE IN 56601 JEROME M ERIA CT SUITE 311 L 34109 RN, HAROLD	☐ Delete ☐ Delete ☐ Delete	ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P		Change Scutte S Change	Addition	
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

Aliana Bean
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR