

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000617

FILED
Mar 08, 2012
Secretary of State

Entity Name: HARVEST TIME INTERNATIONAL, MEDICAL CARE CENTER, INC.

Current Principal Place of Business:

225 N. KENNEL RD.
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

225 N. KENNEL RD.
SANFORD, FL 32771

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MURPHY, ARTHUR J JR.
225 N. KENNEL RD.
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: MURPHY, ARTHUR J JR.
Address: 7462 APRELLE DR.
City-St-Zip: SANFORD, FL 32771

Title: VD
Name: MURPHY, MARY H
Address: 7462 APRELLE DR.
City-St-Zip: SANFORD, FL 32771

Title: STD
Name: SMOLINSKY, ANDRE
Address: 1630 OLD TITUSVILLE RD.
City-St-Zip: ENTERPRISE, FL 32725

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDRE SMOLINSKY

STD

03/08/2012

Electronic Signature of Signing Officer or Director

Date