
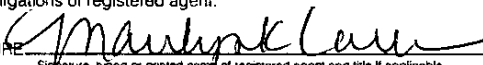



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90062 025 ***150.00

DOCUMENT # P03000072703			
1. Entity Name HARBOR AUDIOLOGY, P.A.			
Principal Place of Business 100 MADRID BLVD STE 412 PUNTA GORDA, FL 33950		Mailing Address 100 MADRID BLVD STE 412 PUNTA GORDA, FL 33950	
2. Principal Place of Business 100 MADRID BLVD Suite, Apt. #, etc. STE # 315 City & State Punta Gorda FL Zip 33950 Country Charlotte		3. Mailing Address 100 MADRID BLVD Suite, Apt. #, etc. Suite 315 City & State Punta Gorda FL Zip 33950 Country Charlotte	
		03282005 Chg-P CR2E034 (10/03)	
		4. FEI Number 20-0066735	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LARKIN, MARILYN K 100 MADRID BLVD STE 412 PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name LARKIN, MARILYN K Au.D. Street Address (P.O. Box Number is Not Acceptable) 100 MADRID BLVD Ste # 315 City Punta Gorda FL Zip Code 33950	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 4/9/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARKIN, MARILYN K AVID 100 MADRID BLVD STE 412 PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Larkin, marilyn K Au.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 MADRID Blvd Ste # 315 Punta Gorda FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 4/9/05 941-505-0400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARILYN K. LARKIN Au.D.		Date Daytime Phone #	