

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V17851

FILED
Apr 27, 2009
Secretary of State

Entity Name: HARBORSIDE INTERNAL MEDICINE, P.A.

Current Principal Place of Business:

522 S. MARION AVE
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

522 EAST MARION AVE
PUNTA GORDA, FL 33950 US

Current Mailing Address:

522 S. MARION AVE
SUITE 200
PUNTA GORDA, FL 33950 US

New Mailing Address:

522 EAST MARION AVE
SUITE 201
PUNTA GORDA, FL 33950 US

FEI Number: 59-3110731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANZ, TIMOTHY A
522 S. MARION AVE
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

JANZ, TIMOTHY A
522 EAST MARION AVE
PUNTA GORDA, FL 33950 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: TIMOTHY A JANZ

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: JANZ, TIMOTHY A
Address: 522 S. MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: VS () Delete
Name: BONGIOVANNI, JOSEPHINE
Address: 522 S. MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: JANZ, TIMOTHY A
Address: 522 EAST MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: VS (X) Change () Addition
Name: BONGIOVANNI, JOSEPHINE
Address: 522 EAST. MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY A JANZ

PT

04/27/2009

Electronic Signature of Signing Officer or Director

Date