

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V17851

FILED
May 01, 2010
Secretary of State

Entity Name: HARBORSIDE INTERNAL MEDICINE, P.A.

Current Principal Place of Business:

522 EAST MARION AVE
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 EAST MARION AVE
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

HOLMES, DAVID A
99 NESBIT ST
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: DAVID A HOLMES

05/01/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

SIGNATURE: TIMOTHY A JANZ

PT

05/01/2010

Electronic Signature of Signing Officer or Director

Date