

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V17851

Entity Name: HARBORSIDE INTERNAL MEDICINE, P.A.

Current Principal Place of Business:

522 EAST MARION AVE
201
PUNTA GORDA, FL 33950

Current Mailing Address:

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

FEI Number: 59-3110731

Certificate of Status Desired: No

Name and Address of Current 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

| | |
|-----------------|--|
| Title | DIRECTOR, PRESIDENT, SECRETARY, TREASURER |
| Name | JANZ, TIMOTHY A |
| Address | 522 EAST MARION AVE |
| City-State-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 _____

MANAGER

04/22/2016

Electronic Signature of Signing Officer/Director Detail

_____ Date