

**2023 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 ESQ.  
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 HOLMES

04/14/2023

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

**DIRECTOR**

04/14/2023

Electronic Signature of Signing Officer/Director Detail

Date