

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F59755

FILED
Jan 07, 2010
Secretary of State

Entity Name: DR. HARVEY A. PEARL, D.P.M., P.A.

Current Principal Place of Business:

% DR. HARVEY A. PEARL
2324 UNIVERSITY BLVD., WEST
JACKSONVILLE, FL 32217

New Principal Place of Business:

DR. HARVEY A. PEARL
2324 UNIVERSITY BLVD., WEST
JACKSONVILLE, FL 32217

Current Mailing Address:

% DR. HARVEY A. PEARL
2324 UNIVERSITY BLVD., WEST
JACKSONVILLE, FL 32217

New Mailing Address:

DR. HARVEY A. PEARL
2324 UNIVERSITY BLVD., WEST
JACKSONVILLE, FL 32217

FEI Number: 59-2142448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARL, DR. HARVEY A.
2324 UNIVERSITY BLVD., WEST
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR
Name: PEARL, HARVEY A.
Address: 2324 UNIVERSITY BLVD W
City-St-Zip: JACKSONVILLE, FL 32217

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: HARVEY A PEARL

DR

01/07/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date