

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J52499

**FILED**  
**Mar 19, 2010**  
**Secretary of State**

**Entity Name:** MICHAEL P. HARRINGTON, M.D., P.A.

**Current Principal Place of Business:**

123 SHADY BRANCH TRAIL  
ORMOND BEACH, FL 321748511

**New Principal Place of Business:**

1890 LPGA BLVD  
STE 250  
DAYTONA BEACH, FL 32117

**Current Mailing Address:**

123 SHADY BRANCH TRAIL  
ORMOND BEACH, FL 321748511

**New Mailing Address:**

1890 LPGA BLVD  
STE 250  
DAYTONA BEACH, FL 32117

**FEI Number:** 59-2765893

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRISTINA C FAVIS  
759 W. GRANADA BLVD.#C  
ORMOND BEACH, FL 32074 US

**Name and Address of New Registered Agent:**

HARRINGTON, MICHAEL P  
1890 LPGA BLVD  
SUITE 250  
DAYTONA BEACH, FL 32117 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:** MICHAEL P HARRINGTON

03/19/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** HARRINGTON, MICHAEL P.  
**Address:** 1890 LPGA BLVD SUITE 250  
**City-St-Zip:** DAYTONA BEACH, FL 32117

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:** MICHAEL P HARRINGTON

DR

03/19/2010

Electronic Signature of Signing Officer or Director

Date