## 2005 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT DOCUMENT # N03000000540**

1. Entity Name HARBOR PROFESSIONAL CENTRE MASTER



## **FILED** Apr 20, 2005 8:00 am Secretary of State 04-20-2005 90310 031 \*\*\*\*61.25

ASSOCIATION, INC.					}					
% BAYSHO 255 ALHAN	ace of Business RE LAND GROUP, INC. MBRA CIRCLE, SUITE 325 BLES, FL 33134	Malling Address PO BOX 380758 MURDOCK, FL 33938	D BOX 380758		20039090					
	Place of Business	3. Mailing Address	·							
2. Fillicipal riace of business		3. Mailing Address	. Maining Address				)] 18;(18)[]	MOTOL ETITI OTOTE	DE)))A) 0) ILB;	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102005	Chg-NP	CR2E	037 (10/03)	)	
City & State		City & State			4. FEI Number 13-42579	30		<del></del> ⊦	Applied For	
Zip	Country	Zìp	Cour	ntry	5. Certificate of	Status Desired		\$8.75 A		
	6. Name and Address of Current R	egistered Agent			7. Name and Ad	dress of New R	egistered		, , , , , , , , , , , , , , , , , , ,	
WISHARD, KRISTINE				Name						
23081 HA	RBORVIEW ROAD IARLOTTE, FL 33980		Street Address (			(P.O. Box Number is Not Acceptable)				
	V									
	•			City			FI	L Zip Co	de	
	e named entity submits this statement for titions of registered agent.	he purpose of changing its	s registere	d office or register	ed agent, or both, i	n the State of Flo	rida. I an	n familiar with	, and accept	
	•									
SIGNATURE	Signature, typed or printed name of registered agent an	f title if applicable. (NOT	TE: Registered	Agent alignature required	when reinstating)		DATE			
<del></del>		G. Fleeting Co.			<u> </u>	44.				
	Filing Fee is \$61.25 Due by May 1, 2005	l l	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Flori	da Depa	k payable inment of S	tate	
10.	OFFICERS AND DIRE		11.		DDITIONS/CHANG	ES TO OFFICER	S AND D			
title Name	D FERTIG, JAY	☐ Defete	☐ Defete : TITLE NAME					Change	Addition	
STREET ADDRESS 255 ALHAMBRA CIRCLE, SUITE 325		25		ADDRESS						
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-S	IT-ZIP.				Cheese	[T] adables	
TITLE NAME	MACNAIR, CHRISTOPHER J	☐ Delete	TITLE					Change	Addition .	
STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE 3	25		ADDRESS		•				
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST	T-ZIP						
title Name	GANT, STEVEN D	☐ Delete	TITLE					Change	☐ Addition	
STREET ADDRESS	12653 S.W. COUNTY RD 769, SUI	ΓE A	1	ADDRESS						
CITY-ST-ZIP	LAKE SAZY, FL 34269		CITY-SI	r-zip		<del></del>				
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS	,			ADDRESS						
CITY-ST-ZIP			CITY-ST	r-zip				<del></del>		
TITLE NAME	•	☐ Deleta	TITLE NAME		•			Change	Addition	
STREET ADDRESS			STREET A	ADDRESS						
CITY-ST-ZIP	···		CITY-ST	-ZIP						
TITLE		☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS			NAME Street a	ADDRESS						
CITY-ST-ZIP	·		CITY-ST-	• • •						
12. I hereby co	ertify that the information supplied with this	filing does not qualify for t	the exempt	tion stated in Sect	ion 119 07(3)(i) Flo	rida Statutes I fi	inther cert	ify that the in	formation	

release certify that the information supplied with this liling does not qualify for the exhiption stated in section 119.07(3)(f), Florida Statutes. Intritier certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: