

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000540

FILED  
Feb 22, 2011  
Secretary of State

**Entity Name:** HARBOR PROFESSIONAL CENTRE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

3420 TAMIAMI TRAIL  
SUITE 3  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

3420 TAMIAMI TRAIL  
SUITE 3  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 13-4257930

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NASIR, KHALIDI  
3420 TAMIAMI TRAIL  
SUITE 3  
PORT CHARLOTTE, FL 33952 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KHALIDI, NASIR MD  
Address: 3420 TAMIAMI TRAIL  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D  
Name: ZUSMAN, AMY  
Address: 3430 TAMIAMI TRL STE A  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D  
Name: VAKIL, SAMIR DPM  
Address: 3406 TAMIAMI TRL STE 1  
City-St-Zip: PORT CHARLOTTE, FL 33952

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NASIR KHALIDI

D

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date