

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009348

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** HARBOR PROFESSIONAL CENTRE III CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O NEIL B. ZUSMAN, M.D.  
3430 TAMIAMI TRAIL, STE A  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NEIL B. ZUSMAN, M.D.  
3430 TAMIAMI TRAIL, STE A  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 20-0749714      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ZUSMAN, NEIL B M.D.  
3430 TAMIAMI TRAIL  
SUITE A  
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:** DVS  
**Name:** ZUSMAN, NEIL B M.D.  
**Address:** 3430 TAMIAMI TR., SUITE A  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

**Title:** DPT  
**Name:** WHITE, JAMES E M.D.  
**Address:** 3430 TAMIAMI TR., SUITE A  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

**Title:** D  
**Name:** ZUSMAN, AMY  
**Address:** 3430 TAMIAMI TR., SUITE A  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

**Title:** D  
**Name:** WHITE, SALLY  
**Address:** 3430 TAMIAMI TR., SUITE A  
**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: NEIL B. ZUSMAN, M.D.

DVS

04/22/2010

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

\_\_\_\_\_ Date