

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED  
Feb 12, 2010  
Secretary of State

Entity Name: HARBOR HOUSE RESIDENTIAL TREATMENT PROGRAM, INC.

**Current Principal Place of Business:**

1825 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1825 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-0492705      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MARTINEZ, PEDRO  
1825 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 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: P  
Name: MARTINEZ, PEDRO  
Address: 1825 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

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: PEDRO MARTINEZ

MR.

02/12/2010

Electronic Signature of Signing Officer or Director

Date