2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004845

FILED Mar 02, 2012 Secretary of State

Entity Name: HARBOR PROFESSIONAL CENTRE IV CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3410 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952

Current Mailing Address: New Mailing Address:

C/O G F BUSINESS SERVICES 2421 SHREVE ST., STE 115 PUNTA GORDA, FL 33950

FEI Number: 20-3056391 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BENNETT, DOROTHY M 2421 SHREVE ST STE 115 PUNTA GORDA, FL 33950 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DT

Name: VAKIL, SAMIR DPM Address: 3406 TAMIAMI TRL

City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DP

 Name:
 BHAT, SALIGRAMA MD

 Address:
 3410 TAMIAMI TRL STE 2

 City-St-Zip:
 PORT CHARLOTTE, FL 33952

Title: DVP

 Name:
 MENDEZ, ELVIN M MD

 Address:
 3410 TAMIAMI TRL STE A1

 City-St-Zip:
 PORT CHARLOTTE, FL 33952

Title:

 Name:
 KUMA, EBENEZER A MD

 Address:
 3406 TAMIAMI TRL STE 2

 City-St-Zip:
 PORT CHARLOTTE, FL 33952

Title: [

 Name:
 MELSER, MARC MD

 Address:
 3410 TAMIAMI TRL STE A4

 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: DOROTHY M. BENNETT CAM 03/02/2012