

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011592

FILED
Jul 16, 2008
Secretary of State

Entity Name: MD HARRT, INC.

Current Principal Place of Business:

94 TOMOKA RIDGE WAY
ORMOND BEACH, FL 32174

New Principal Place of Business:

14 DEEP WOODS WAY
ORMOND BEACH, FL 32174

Current Mailing Address:

94 TOMOKA RIDGE WAY
ORMOND BEACH, FL 32174

New Mailing Address:

14 DEEP WOODS WAY
ORMOND BEACH, FL 32174

FEI Number: 45-0582405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BALDA, LAURA M MD
94 TOMOKA RIDGE WAY
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

BALDA, LAURA M MD
14 DEEP WOODS WAY
ORMOND BEACH, FL 32174 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: LAURA M BALDA

07/16/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BALDA, DANIEL A MD
Address: 250 LANSING ISLAND DR.
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: VP () Delete
Name: BALDA, LAURA M MD
Address: 94 TOMOKA RIDGE WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: S () Delete
Name: BATES, SHANNON
Address: 12 STRAWBERRY LN.
City-St-Zip: NORFOLK, MA 02056

Title: T () Delete
Name: SASSE, ROBERT J MD
Address: 3003 S. ATLANTIC AVE.
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BALDA, LAURA M MD
Address: 14 DEEP WOODS WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAURA M BALDA

VP

07/16/2008

Electronic Signature of Signing Officer or Director

Date