


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90034 045 ***150.00

DOCUMENT # P01000099799
 1. Entity Name
HARROLD HEALTH CARE INC.



Principal Place of Business
**241 RIO VISTA CIRCLE
 LANTANA, FL 33462**

Mailing Address
**241 RIO VISTA CIRCLE
 LANTANA, FL 33462**

44020056

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

03032004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1148112

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**KIESLING, ROBERT A
 4793 N CONGRESS AVE #206
 BOYNTON BEACH, FL 33426**

7. Name and Address of New Registered Agent
 Name **Barbara Harrold**
 Street Address (P.O. Box Number is Not Acceptable)
**241 Rio Vista Circle
 LANTANA FL 33462**

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE Barbara J Harrold DATE 3-17-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! - FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HARROLD, BARBARA 241 RIO VISTA CIRCLE LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara J Harrold DATE 3-17-04 561-9649531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #