

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000077240

FILED  
Jan 10, 2010  
Secretary of State

Entity Name: HARWOOD MEDICAL CONSULTANTS, INC.

## Current Principal Place of Business:

6866 HUNTINGTON LANE  
APT. 501  
DELRAY BEACH, FL 33446

## New Principal Place of Business:

## Current Mailing Address:

6866 HUNTINGTON LANE  
APT. 501  
DELRAY BEACH, FL 33446

## New Mailing Address:

FEI Number: 76-0705358

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WASSERMAN, PATTI  
6866 HUNTINGTON LANE  
APT. 501  
DELRAY BEACH, FL 33446 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P  
Name: WASSERMAN, PATTI  
Address: 6866 HUNTINGTON LANE, APT. 501  
City-St-Zip: DELRAY BEACH, FL 33446

Title: VP  
Name: WASSERMAN, PATTI H  
Address: 6866 HUNTINGTON LANE, APT. 501  
City-St-Zip: DELRAY BEACH, FL 33446

Title: S  
Name: WASSERMAN, PATTI H  
Address: 6866 HUNTINGTON LANE, APT. 501  
City-St-Zip: DELRAY BEACH, FL 33445

Title: T  
Name: WASSERMAN, PATTI H  
Address: 6866 HUNTINGTON LANE, APT. 501  
City-St-Zip: DERLAY BEACH, FL 33445

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATTI WASSERMAN

P

01/10/2010

Electronic Signature of Signing Officer or Director

Date