

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132028

Entity Name: HARRINGTON NORTH PHARMACY, INC.

FILED  
Jul 27, 2007  
Secretary of State

**Current Principal Place of Business:**

11121 HEALTH PARK BLVD  
SUITE 400  
NAPLES, FL 34110 US

**New Principal Place of Business:**

5420 PALOMA BLANCA DRIVE  
FORT WORTH, TX 76179 US

**Current Mailing Address:**

848 1ST AVENUE N  
NAPLES, FL 34102 US

**New Mailing Address:**

5420 PALOMA BLANCA DRIVE  
FORT WORTH, TX 76179 US

FEI Number: 90-0054909

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HAYES, SUANN E  
4005 GULFSHORE BLVD #905  
NAPLES, FL 34103 US

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

HAYES, SUANN E  
5420 PALOMA BLANCA DRIVE  
FORT WORTH, TX, FL 76179 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: SUANN E. HAYES

07/27/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HAYES, SUANN E  
Address: 4005 GULFSHORE BLVD #905  
City-St-Zip: NAPLES, FL 34103 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: HAYES, SUANN E  
Address: 5420 PALOMA BLANCA DRIVE  
City-St-Zip: FORT WORTH, TX 76179 US

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

SIGNATURE: SUANN E. HAYES

PRES

07/27/2007

Electronic Signature of Signing Officer or Director

Date