

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # P03000084913 1. Entity Name FRANCIS E. HARRINGTON, JR., M.D., P.A.	
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Principal Place of Business 848 FIRST AVE. NORTH, STE. 100 NAPLES, FL 34102	Mailing Address 848 FIRST AVE. NORTH, STE. 100 NAPLES, FL 34102
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DO NOT WRITE IN THIS SPACE



03202007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1200851	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLD, DENNIS S ESQ.
2335 TAMIAMI TRAIL NORTH, STE. 301
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

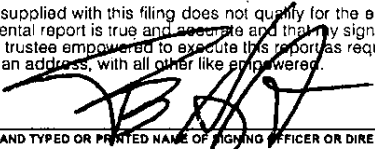
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLD, DENNIS S 2335 TAMIAMI TRAIL NORTH, STE. 301 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRINGTON, FRANCIS E JR, M.D 848 FIRST AVENUE NORTH, STE 100 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRINGTON, JANE MARGARET M.D. 848 FIRST AVENUE NORTH, STE 100 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRINGTON, CATHERINE 848 FIRST AVENUE NORTH, STE 100 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRINGTON, FRANCIS E III 848 FIRST AVENUE NORTH, STE 100 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/11/07-80035-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **4/27/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #