

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90367 009 \*\*\*150.00

<b>DOCUMENT # P03000084913</b>																																																																																																																													
<b>1. Entity Name</b> FRANCIS E. HARRINGTON, JR., M.D., P.A.																																																																																																																													
<b>Principal Place of Business</b> 848 FIRST AVE. NORTH, STE. 100 NAPLES, FL 34102			<b>Mailing Address</b> 848 FIRST AVE. NORTH, STE. 100 NAPLES, FL 34102																																																																																																																										
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State		01142008    Chg-P    CR2E034 (12/06)																																																																																																																									
Zip		Country		4. FEI Number <b>65-1200851</b>																																																																																																																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																									
<b>6. Name and Address of Current Registered Agent</b>  GOLD, DENNIS S ESQ. 2335 TAMiami TRAIL NORTH, STE. 301 NAPLES, FL 34103				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D GOLD, DENNIS S</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>2335 TAMiami TRAIL NORTH, STE. 301</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NAPLES, FL 34103</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD HARRINGTON, FRANCIS E JR, M.D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>848 FIRST AVENUE NORTH, STE 100</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NAPLES, FL 34102</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD HARRINGTON, JANE MARGARET M.D.</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>848 FIRST AVENUE NORTH, STE 100</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NAPLES, FL 34102</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>S HARRINGTON, CATHERINE</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>848 FIRST AVENUE NORTH, STE 100</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NAPLES, FL 34102</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>T HARRINGTON, FRANCIS E III</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>848 FIRST AVENUE NORTH, STE 100</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NAPLES, FL 34102</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D GOLD, DENNIS S	<input type="checkbox"/> Delete	NAME	2335 TAMiami TRAIL NORTH, STE. 301		STREET ADDRESS	NAPLES, FL 34103		CITY-ST-ZIP			TITLE	PD HARRINGTON, FRANCIS E JR, M.D	<input type="checkbox"/> Delete	NAME	848 FIRST AVENUE NORTH, STE 100		STREET ADDRESS	NAPLES, FL 34102		CITY-ST-ZIP			TITLE	VD HARRINGTON, JANE MARGARET M.D.	<input type="checkbox"/> Delete	NAME	848 FIRST AVENUE NORTH, STE 100		STREET ADDRESS	NAPLES, FL 34102		CITY-ST-ZIP			TITLE	S HARRINGTON, CATHERINE	<input type="checkbox"/> Delete	NAME	848 FIRST AVENUE NORTH, STE 100		STREET ADDRESS	NAPLES, FL 34102		CITY-ST-ZIP			TITLE	T HARRINGTON, FRANCIS E III	<input type="checkbox"/> Delete	NAME	848 FIRST AVENUE NORTH, STE 100		STREET ADDRESS	NAPLES, FL 34102		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																																																																																																																													
<b>SIGNATURE:</b> _____ <span style="float: right;">4/24/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>																																																																																																																													