2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# P03000084913

Entity Name: FRANCIS E. HARRINGTON, JR., M.D., P.A.

Current Principal Place of Business:

848 FIRST AVE. NORTH, STE. 100
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

848 FIRST AVE. NORTH, STE. 100
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-1200851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLD, DENNIS S ESQ.
2335 TAMIAMI TRAIL NORTH, STE. 301
NAPLES, FL 34103 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:	D	( ) Delete
Name:	GOLD, DENNIS S	
Address:	2335 TAMIAMI TRAIL NORTH, STE. 301	
City-St-Zip:	NAPLES, FL 34103	
Title:	PD	( ) Delete
Name:	HARRINGTON, FRANCIS E JR, M.D	
Address:	848 FIRST AVENUE NORTH, STE 100	
City-St-Zip:	NAPLES, FL 34102	
Title:	VD	( ) Delete
Name:	HARRINGTON, JANE MARGARET M.D.	
Address:	848 FIRST AVENUE NORTH, STE 100	
City-St-Zip:	NAPLES, FL 34102	
Title:	S	( ) Delete
Name:	HARRINGTON, CATHERINE	
Address:	848 FIRST AVENUE NORTH, STE 100	
City-St-Zip:	NAPLES, FL 34102	
Title:	T	( ) Delete
Name:	HARRINGTON, FRANCIS E III	
Address:	848 FIRST AVENUE NORTH, STE 100	
City-St-Zip:	NAPLES, FL 34102	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: FRANCIS E. HARRINGTON, JR., MD PD 02/02/2009

Electronic Signature of Signing Officer or Director — Date