


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90019 012 \*\*\*150.00

**DOCUMENT # P05000095362**

1. Entity Name  
**HARKINS DENTAL ASSOCIATES OF EAST LAKE, P.A.**



Principal Place of Business Mailing Address  
**3410 E LAKE RD 800 STARKEY RD**  
**PALM HARBOR FL 34685 LARGO FL 33771**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State

1st MOORE CR2E034 (10/07)

4. FEI Number **20-3028694** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HARKINS, LAWRENCE**  
**800 STARKEY RD**  
**LARGO FL 33771**

7. Name and Address of New Registered Agent  
 Name **Harkins, Lawrence**  
 Street Address (P.O. Box Number is Not Acceptable) **3410 E. Lake Rd.**  
 City **Palm Harbor FL** Zip Code **34685**

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 *Lawrence M. Harkins* DATE 2/12/08  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! - FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
 Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HARKINS, LAWRENCE	
STREET ADDRESS	800 STARKEY RD	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HARKIN, NANCY C	
STREET ADDRESS	800 STARKEY RD	
CITY-ST-ZIP	LARGO FL 33771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harkins, Lawrence	
STREET ADDRESS	3410 E. lake Rd.	
CITY-ST-ZIP	Palm Harbor, Fl. 34685	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harkins, Nancy C	
STREET ADDRESS	3410 E. lake Rd	
CITY-ST-ZIP	Palm Harbor, Fl. 34685	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Lawrence M. Harkins* / Lawrence M. Harkins DATE 2/12/08 DAYTIME PHONE # 7277846700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #