

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000016027

**FILED**  
**Jun 16, 2011**  
**Secretary of State**

**Entity Name:** KAREN A. HARCOURT, D.O.,P.A.

**Current Principal Place of Business:**

3501 HEALTH CENTER BOULEVARD  
2400  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

10020 MADDOX LANE  
307  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

3501 HEALTH CENTER BOULEVARD  
2400  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

PO BOX 367-224  
BONITA SPRINGS, FL 34135

**FEI Number:** 20-8384077

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITE, JOHN P  
1575 PINE RIDGE RD STE 10  
NAPLES, FL 34109 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HARCOURT, KAREN  
Address: 10020 MADDOX LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: KAREN AIKO HARCOURT D.O.

DR.

06/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date