

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000083316

Entity Name: HARBOR MEDICAL, INC.

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3037 WATERSIDE CIRCLE  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

949 HYGIEIA AVE  
ENCINITAS, CA 92024

**Current Mailing Address:**

3037 WATERSIDE CIRCLE  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

949 HYGIEIA AVE  
ENCINITAS, CA 92024

FEI Number: 65-0543078

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SEARS, CAROL A  
3037 WATERSIDE CIRCLE  
BOYNTON BEACH, FL 33435 US

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

SEARS, CAROL A  
949 HYGIEIA AVE  
ENCINITAS, FL 92024 US

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:

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SEARS, CAROL A  
Address: 949 HYGIEIA AVE  
City-St-Zip: ENCINITAS, CA 92024

Title: VP  
Name: ROBBINS, CHARLES  
Address: 949 HYGIEIA AVE  
City-St-Zip: ENCINITAS, CA 92024

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: CAROL A. SEARS

PRES

02/17/2011

Electronic Signature of Signing Officer or Director

Date