

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000024470

FILED
Jan 17, 2006
Secretary of State

Entity Name: THE HARBOUR HEALTHCARE GROUP, INC.

Current Principal Place of Business:

811 SHRIVER CIRCLE
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

811 SHRIVER CIRCLE
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 59-3499179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHICK, DAVID L
301 EAST PINE STREET
SUITE 1400
ORLANDO, FL 32801 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: DAWSON, ROSELLYN
Address: 3101 AZAHAR STREET
City-St-Zip: CARLSBAD, CA 92009

Title: SD () Delete
Name: WHITE, MARIBETH S
Address: 53 WILTSHIRE DRIVE
City-St-Zip: ATLANTA, GA 30002

Title: SD (X) Delete
Name: SKEMP, JANE E
Address: 811 SHRIVER CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: PTD () Delete
Name: SKEMP, THOMAS W
Address: 811 SHRIVER CIRCLE
City-St-Zip: LAKE MARY, FL 32746

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS W. SKEMP

PRES

01/17/2006

Electronic Signature of Signing Officer or Director

_____ Date