


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000024470
 1. Entity Name
THE HARBOUR HEALTHCARE GROUP, INC.



Principal Place of Business Mailing Address
811 SHRIVER CIRCLE **811 SHRIVER CIRCLE**
LAKE MARY, FL 32746 **LAKE MARY, FL 32746**

DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3499179	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SKEMP, THOMAS W
811 SHRIVER CIRCLE
LAKE MARY, FL 32746

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWSON, ROSELLYN 3101 AZAHAR STREET CARLSBAD, CA 92009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, MARIBETH S 53 WILTSHIRE DRIVE ATLANTA, GA 30002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD SKEMP, THOMAS W 811 SHRIVER CIRCLE LAKE MARY, FL 32746
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Thomas W Skemp **Thomas W. Skemp** 01/11/2008 407-221-6408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #