

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000024470

FILED  
Jan 06, 2011  
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:**

SKEMP, THOMAS W  
811 SHRIVER CIRCLE  
LAKE MARY, FL 32746 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: DAWSON, ROSELLYN  
Address: 3101 AZAHAR STREET  
City-St-Zip: CARLSBAD, CA 92009

Title: D  
Name: WHITE, MARIBETH S  
Address: 53 WILTSHIRE DRIVE  
City-St-Zip: ATLANTA, GA 30002

Title: PTSD  
Name: SKEMP, THOMAS W  
Address: 811 SHRIVER CIRCLE  
City-St-Zip: LAKE MARY, FL 32746

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: THOMAS W. SKEMP

PRES

01/06/2011

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

\_\_\_\_\_ Date