

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000085259

FILED  
Apr 27, 2010  
Secretary of State

**Entity Name:** VICTOR HARDING, M.D., P.A.

**Current Principal Place of Business:**

6200 METROWEST BLVD, STE 106  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

6200 METROWEST BLVD STE 106  
ORLANDO, FL 32835

**New Mailing Address:**

**FEI Number:** 59-3537389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name: HARDING, VICTOR  
Address: 6200 METROWEST BLVD, STE 106  
City-St-Zip: ORLANDO, FL 32835

Title: D  
Name: HARDING, DEBORAH  
Address: 6200 METROWEST BLVD, STE 106  
City-St-Zip: ORLANDO, FL 32835

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: VICTOR HARDING MD

D

04/27/2010

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

\_\_\_\_\_ Date