2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000065377

1. Entity Name
HARBORSIDE MEDICAL, INC.

Principal Place of Business	Mailing Address
12859 MCGREGOR BLVD STE 864 FORT MYERS, FL 33919	P O BOX 7388 FT MYERS, FL 33911

DO NOT WRITE IN THIS SPACE

03072004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0936198	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, JORGE
1027 SE 5TH TERRACE
CAPE CORAL, FL 33990

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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, 2004 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	GONZALEZ, JORGE
STREET ADDRESS	1027 SOUTHEAST 5TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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04/30/04-80058-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Jorge Gonzalez_   JORGE GONZALEZ   3/31/04   (239) 229-6103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #