

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # V17851**

1. Entity Name  
HARBORSIDE INTERNAL MEDICINE, P.A.



Principal Place of Business  
522 S. MARION AVE  
PUNTA GORDA, FL 33950 US

Mailing Address  
522 S. MARION AVE  
SUITE 200  
PUNTA GORDA, FL 33950 US



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3110731

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

JANZ, TIMOTHY A  
522 S. MARION AVE  
PUNTA GORDA, FL 33950

**DO NOT WRITE  
IN THIS SPACE**

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	PT
NAME	JANZ, TIMOTHY A
STREET ADDRESS	522 S. MARION AVE
CITY - ST - ZIP	PUNTA GORDA, FL 33950
TITLE	VS
NAME	BONGIOVANNI, JOSEPHINE
STREET ADDRESS	522 S. MARION AVE
CITY - ST - ZIP	PUNTA GORDA, FL 33950
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/08

941 637-1119