

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010734

Entity Name: HARBOR HOUSE RESIDENTIAL TREATMENT PROGRAM, INC.

Current Principal Place of Business:

1825 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

Current Mailing Address:

1825 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

FEI Number: 20-0492705

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ, PEDRO
1825 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

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

Officer/Director Detail :

Title P
Name MARTINEZ, PEDRO
Address 1825 PONCE DE LEON BLVD.
City-State-Zip: CORAL GABLES FL 33134

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PEDRO MARTINEZ

EXECUTIVE DIRECTOR

04/26/2013

Electronic Signature of Signing Officer/Director Detail

Date