

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F59755

**Entity Name:** DR. HARVEY A. PEARL, D.P.M., P.A.

**Current Principal Place of Business:**

DR. HARVEY A. PEARL  
2324 UNIVERSITY BLVD., WEST  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

DR. HARVEY A. PEARL  
2324 UNIVERSITY BLVD., WEST  
JACKSONVILLE, FL 32217

**FEI Number:** 59-2142448

**Certificate of Status Desired:** No

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

PEARL, DR. HARVEY A.  
2324 UNIVERSITY BLVD., WEST  
JACKSONVILLE, FL 32217 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 DR  
Name PEARL, HARVEY A.  
Address 2324 UNIVERSITY BLVD W  
City-State-Zip: JACKSONVILLE FL 32217

*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:** HARVEY A PEARL DPM

**PRESIDENT /OWNER**

**01/31/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date