

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90213 021 \*\*\*150.00

**DOCUMENT # P93000063918**  
1. Entity Name  
**DOCTOR EASY MEDICAL PRODUCTS CORPORATION**

Principal Place of Business      Mailing Address  
**784 BLANDING BLVD**      **P. O. BOX 1717**  
**SUITE 109**      **ORANGE PARK, FL 32067**      **US**  
**ORANGE PARK, FL 32065**      **US**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

02072005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3206112**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**GARCIA, TEDDY J**  
**3146 NAUTILUS ROAD**  
**MIDDLEBURG, FL 32068**

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GARCIA, TEDDY J</b>	
STREET ADDRESS	<b>784 BLANDING BLVD., STE 109</b>	
CITY-ST-ZIP	<b>ORANGE PARK, FL 32065</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GARCIA, MARSHA E</b>	
STREET ADDRESS	<b>784 BLANDING BLVD., STE 109</b>	
CITY-ST-ZIP	<b>ORANGE PARK, FL 32065</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ELLIOTT, ORVILLE G</b>	
STREET ADDRESS	<b>4421 SADDLEHORN TRAIL</b>	
CITY-ST-ZIP	<b>MIDDLEBURG, FL 32068</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3146 Nautilus Rd.</b>	
CITY-ST-ZIP	<b>Middleburg, FL 32068</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3146 Nautilus Road</b>	
CITY-ST-ZIP	<b>Middleburg, FL 32068</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** \_\_\_\_\_ **2/7/05** **(904)276-7200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #