

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2005  
Secretary of State**

DOCUMENT# N04000011972

Entity Name: C-DOC FLORIDA, INC

**Current Principal Place of Business:**

5220 RISING COMET LANE  
GREENACRES, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 450455  
LAKEWORTH, FL 33454

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

GASTON, MARIE  
5220 RISING COMET LANE  
GREENACRES, FL 33463    US

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

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

**OFFICERS AND DIRECTORS:**

Title:                      P                      ( ) Delete  
Name:                      GASTON, MARIE P  
Address:                      P.O. BOX 450455  
City-St-Zip:                      LAKE WORTH, FL 33454

Title:                      P                      ( ) Delete  
Name:                      GASTON, JOSEPH VP  
Address:                      5220 RISING COMET LANE  
City-St-Zip:                      GREENACRES, FL 33463

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARIE Y GASTON

P

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date