

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068985

Entity Name: A/C DOCTORS, INC.

Current Principal Place of Business:

459 N.W. MARKET PLACE
SUITE 134
PORT ST. LUCIE, FL 34986

Current Mailing Address:

PO BOX 880724
PORT ST. LUCIE, FL 34988

FEI Number: 65-1125668

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KRUSE, DAVID J
120 BEACH AVE
PORT ST. LUCIE, FL 34952 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: DAVID J KRUSE

03/20/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name KRUSE, DAVID J
Address 120 BEACH AVE
City-State-Zip: PORT ST. LUCIE FL 34952

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: DAVID KRUSE

PRESIDENT

03/20/2014

Electronic Signature of Signing Officer/Director Detail

Date