

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000068985

**Entity Name:** A/C DOCTORS, INC.

**Current Principal Place of Business:**

459 NW MARKET PL, UNIT 134, PORT ST LUCIE  
PORT SAINT LUCIE (NOT MAILING), FL 34957

**Current Mailing Address:**

PO BOX 1527  
JENSEN BEACH, FL 34957 US

**FEI Number:** 65-1125668

**Certificate of Status Desired:** No

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

KRUSE, DAVID J  
1199 NE BAYSIDE PLACE  
JENSEN BEACH, FL 34957 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

01/15/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name KRUSE, DAVID J  
Address 1199 NE BAYSIDE PLACE  
City-State-Zip: JENSEN BEACH FL 34957

*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

01/15/2016

Electronic Signature of Signing Officer/Director Detail

Date