

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000009258

Entity Name: THE SERVICE DOC, INC.**Current Principal Place of Business:**10151 DEERWOOD PARK BLVD
BLDG 100 STE 330
JACKSONVILLE, FL 32256**Current Mailing Address:**10151 DEERWOOD PARK BLVD
BLDG 100 STE 330
JACKSONVILLE, FL 32256 US**FEI Number:** 27-1993042**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANTHONY, LARA H
2301 PARK AVENUE
SUITE 402
ORANGE PARK, FL 32073 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 PRESIDENT, DIRECTOR
Name MCCAWE, JOSEPH II
Address 10151 DEERWOOD PARK BLVD
 BLDG 100 STE 330
City-State-Zip: JACKSONVILLE FL 32256

Title CFO, DIRECTOR
Name MASHERIN, WALTER P
Address 10151 DEERWOOD PARK BLVD
 BLDG 100 STE 330
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER
Name FREEMAN, GEORGE
Address 10151 DEERWOOD PARK BLVD
 BLDG 100 STE 330
City-State-Zip: JACKSONVILLE FL 32256

Title VP
Name WOOD, STEVE
Address 10151 DEERWOOD PARK BLVD
 BLDG 100 STE 330
City-State-Zip: JACKSONVILLE FL 32256

Title CEO, DIRECTOR
Name KAHLBAUGH, RICHARD
Address 10151 DEERWOOD PARK BLVD
 BLDG 100 STE 330
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY
Name ROMAINE, CHRISTOPHER D
Address 10151 DEERWOOD PARK BLVD
 BLDG 100 STE 330
City-State-Zip: JACKSONVILLE FL 32256

Title VP
Name DAVIDSON, STEVE
Address 10151 DEERWOOD PARK BLVD
 BLDG 100 STE 330
City-State-Zip: JACKSONVILLE FL 32256

Title VP
Name ANTHONY, DAVE
Address 10151 DEERWOOD PARK BLVD
 BLDG 100 STE 330
City-State-Zip: JACKSONVILLE FL 32256

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: CHRISTOPHER D. ROMAINE**SECRETARY****01/30/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date