

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000098640

**Entity Name:** THE DOCTOR WHISPERER INC.

**Current Principal Place of Business:**

135 KILGORE DRIVE  
LARGO, FL 33770

**Current Mailing Address:**

135 KILGORE DRIVE  
LARGO, FL 33770 US

**FEI Number:** 46-4299469

**Certificate of Status Desired:** No

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

FEKETE, SHARON  
135 KILGORE DRIVE  
LARGO, FL 33770 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:** SHARON FEKETE

04/29/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P, D	Title	T, S
Name	FEKETE, SHARON	Name	FEKETE, SHARON
Address	135 KILGORE DRIVE	Address	135 KILGORE DRIVE
City-State-Zip:	LARGO FL 33770	City-State-Zip:	LARGO FL 33770

*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:** SHARON FEKETE

**FOUNDER**

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date