

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000098640

Entity Name: THE DOCTOR WHISPERER INC.

Current Principal Place of Business:

600 CLEVELAND
SUITE #301
CLEARWATER, FL 33755

Current Mailing Address:

600 CLEVELAND
SUITE #301
CLEARWATER, FL 33755 US

FEI Number: 46-4299469

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FEKETE, SHARON
600 CLEVELAND
SUITE #301
CLEARWATER, FL 33755 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

04/12/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P, D
Name FEKETE, SHARON
Address 600 CLEVELAND
SUITE #301
City-State-Zip: CLEARWATER FL 33755

Title T, S
Name FEKETE, SHARON
Address 600 CLEVELAND
SUITE #301
City-State-Zip: CLEARWATER FL 33755

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

P

04/12/2021

Electronic Signature of Signing Officer/Director Detail

Date