

**2021 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P16000058737

**Entity Name:** DOC'S CORNER, INC.**Current Principal Place of Business:**2455 N OLD DIXIE HWY  
DELRAY BEACH, FL 33483**Current Mailing Address:**115 NE SECOND AVENUE  
DELRAY BEACH, FL 33444 US**FEI Number: 81-3378177****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WILSON, RICHARD H JR.  
115 NE SECOND AVENUE  
DELRAY BEACH, FL 33444 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	PD
Name	WILSON, RICHARD H JR.
Address	115 NE SECOND AVENUE
City-State-Zip:	DELRAY BEACH FL 33444

Title	VPD
Name	CARNEY, PETER H
Address	115 NE SECOND AVENUE
City-State-Zip:	DELRAY BEACH FL 33444

Title	CEO
Name	SAMARA, JOSEPH
Address	2455 N OLD DIXIE HWY
City-State-Zip:	DELRAY BEACH FL 33483

Title	DIRECTOR
Name	SHEHADEH, DINA
Address	2455 N OLD DIXIE HWY
City-State-Zip:	DELRAY BEACH FL 33483

*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: RICHARD H WILSON JR****PD****02/01/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date