

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000030656

**Entity Name:** DOWNTOWN DOCTOR CARE CORP

**Current Principal Place of Business:**

3301 BONITA BEACH ROAD  
#310  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

2627 SW 2ND PLACE  
CAPE CORAL, FL 33914 US

**FEI Number:** 88-1954844

**Certificate of Status Desired:** No

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

BARR, WANDA F  
2627 SW 2ND PLACE  
CAPE CORAL, FL 33914 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            CEO  
Name            BARR, WANDA F  
Address        2627 SW 2ND PLACE  
City-State-Zip: CAPE CORAL FL 33914

*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:** WANDA BARR

CEO

01/03/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date