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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 357363

(1)

1. Corporation Name

DOCTOR'S CHOICE, INC.

Principal Place of Business

1800 N. FEDERAL HWY
SUITE 106
POMPANO BEACH FL 33062

Mailing Address

1800 N. FEDERAL HWY
SUITE 106
POMPANO BEACH FL 33062-1093

3. Date Incorporated or Qualified

12/30/1969

3a. Date of Last Report

02/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-6549908

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

EDWARDS E K
4420 NE 31ST AVE
LIGHTHOUSE PT FL 33064

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

E. Edwards
Signature (typed and printed name of registered agent and fee applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1.6.97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME EDWARDS, EDWARD K
STREET ADDRESS 4420 NE 31ST AVE
CITY-ST-ZIP LIGHTHOUSE PT, FL 00000

TITLE ☐ DELETE

V
NAME EDWARDS, EDWARD K JR
STREET ADDRESS 3051 NE 45ST
CITY-ST-ZIP LIGHTHOUSE PT, FL 00000

TITLE ☐ DELETE

S
NAME EDWARDS, VIRGINIA R
STREET ADDRESS 4420 NE 31 ST AVE
CITY-ST-ZIP LIGHTHOUSE PT, FL 00000

TITLE ☐ DELETE

T
NAME EDWARDS, ENCAR NITA
STREET ADDRESS 3051 NE 45 ST
CITY-ST-ZIP LIGHTHOUSE PT, FL 00000

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

E. Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.6.97 934 946 6160

0144713

CR2E034 (9/96)