

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90077 043 ***150.00

DOCUMENT # F04000005382 1. Entity Name TOP DOCS, INC.			
Principal Place of Business 80 SPRING VISTA DR. SUITE 100 DEBARY, FL 32713		Mailing Address 2730 ENTERPRISE ROAD SUITE C ORANGE CITY, FL 32763	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 80 Spring Vista Drive Suite, Apt. #, etc.	
City & State Zip Country		City & State DeBary, FL 32713 Zip Country	
4. FEI Number 30-0000279		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALLSTROM, SUSAN 2730 ENTERPRISE RD SUITE C ORANGE CITY, FL 32763		7. Name and Address of New Registered Agent Name: Hallstrom, Susan Street Address (P.O. Box Number is Not Acceptable) 80 Spring Vista Drive SUITE 100 City: DeBary State: FL Zip Code: 32713	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when changing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P HICCOCK, SUE 2730 ENTERPRISE RD, SUITE C ORANGE CITY, FL 32763	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P Hallstrom, Sue 80 Spring Vista Drive DeBary, FL 32713
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S DAVISON, PAT 2730 ENTERPRISE RD, SUITE C ORANGE CITY, FL 32763	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Sue Hallstrom</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>3/5/08</u> <small>Daytime Phone #</small>	