

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006060

FILED  
Mar 10, 2011  
Secretary of State

**Entity Name:** DOLLARS FOR MAMMOGRAMS, INC.

**Current Principal Place of Business:**

1030 LAMPP DRIVE  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 366  
ENGLEWOOD, FL 342950366

**New Mailing Address:**

**FEI Number:** 31-1753063

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EMERY, LORI W  
686 NORTH INDIANA AVENUE  
SUITE A  
ENGLEWOOD, FL 34223 US

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

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

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: KOUBA, CAROL  
Address: 470 CREEK LN  
City-St-Zip: ENGLEWOOD, FL 34223

Title: PD  
Name: BERTLER, RITA  
Address: 1030 LAMPP DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D  
Name: EMERY, LORI W  
Address: 686 NORTH INDIANA AVENUE #A  
City-St-Zip: ENGLEWOOD, FL 34223

Title: VD  
Name: STEGNER, ANN  
Address: 3247 OSPREY LANE  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: TD  
Name: DAVIS, CHRISTINE  
Address: 1695 FAUST DRIVE  
City-St-Zip: ENGLEWOOD, FL 34224

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RITA BERTLER

PD

03/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date