

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000815

FILED  
Jan 18, 2007  
Secretary of State

Entity Name: DOCTORS GOODWILL FOUNDATION, INC.

## Current Principal Place of Business:

500 N. WASHINGTON AVENUE  
SUITE 106  
TITUSVILLE, FL 32796

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 909  
TITUSVILLE, FL 32781

## New Mailing Address:

FEI Number: 20-0716768

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MODI, KIRAN M.D.  
500 N. WASHINGTON AVENUE  
SUITE 106  
TITUSVILLE, FL 32796 US

## Name and Address of New Registered Agent:

MODI, KIRAN R M.D.  
500 N. WASHINGTON AVENUE  
SUITE 106  
TITUSVILLE, FL 32796 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: SUSAN TINDALL

01/18/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MODI, KIRAN  
Address: 500 N. WASHINGTON AVENUE #106  
City-St-Zip: TITUSVILLE, FL 32796

Title: D ( ) Delete  
Name: DEUKMEDJIAN, ARA J M.D.  
Address: 494 N. WASHINGTON AVE.  
City-St-Zip: TITUSVILLE, FL 32796

Title: D ( ) Delete  
Name: BHALANI, KANTILAL  
Address: 1785 GARDEN STREET  
City-St-Zip: TITUSVILLE, FL 32796

Title: D ( ) Delete  
Name: PEREZ, DENIS A  
Address: 800 CENTURY MEDICAL DR. STE. B  
City-St-Zip: TITUSVILLE, FL 32796

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MODI, KIRAN R M.D.  
Address: 500 N. WASHINGTON AVENUE #106  
City-St-Zip: TITUSVILLE, FL 32796

Title: V (X) Change ( ) Addition  
Name: PEREZ, DENIS A M.D.  
Address: 800 CENTURY MEDICAL DR. STE B  
City-St-Zip: TITUSVILLE, FL 32796

Title: S (X) Change ( ) Addition  
Name: TRONETTI, PAMELA S D.O.  
Address: 805 CENTURY MEDICAL DR.  
City-St-Zip: TITUSVILLE, FL 32796

Title: T (X) Change ( ) Addition  
Name: GALFO, ELIZABETH T M.D.  
Address: 1250 B GRUMMAN PLACE  
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Change (X) Addition  
Name: KANTILAL, BHALANI M.D.  
Address: 1785 GARDEN ST.  
City-St-Zip: TITUSVILLE, FL 32796

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN TINDALL

D

01/18/2007

Electronic Signature of Signing Officer or Director

Date