

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 28, 2011
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:

7016 HOLLY AVE.
PORT ST JOHN, FL 32927

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 R M.D.
500 N. WASHINGTON AVENUE
SUITE 106
TITUSVILLE, FL 32796 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: P
Name: DALAL, ASHISH M.D.
Address: 490 N. WASHINGTON AVE.
City-St-Zip: TITUSVILLE, FL 32796

Title: V
Name: TRONETTI, PAMELA D.O.
Address: 805 CENTURY MEDICAL DR.
City-St-Zip: TITUSVILLE, FL 32796

Title: T
Name: MODI, KIRAN M.D.
Address: 500 N. WASHINGTON AVE, STE 106
City-St-Zip: TITUSVILLE, FL 32796

Title: S
Name: PEREZ, DENIS M.D.
Address: 800 CENTURY MEDICAL DR., STE B
City-St-Zip: TITUSVILLE, FL 32796

Title: D
Name: KANTILAL, BHALANI M.D.
Address: 7016 HOLLY AVE.
City-St-Zip: PORT ST JOHN, FL 32927

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: KIRAN MODI

T

04/28/2011

Electronic Signature of Signing Officer or Director

Date