

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011972

Entity Name: C-DOC FLORIDA, INC

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

5220 RISING COMET LANE
GREENACRES, FL 33463

New Principal Place of Business:

Current Mailing Address:

P.O BOX 450455
LAKEWORTH, FL 33454

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASTON, MARIE
5220 RISING COMET LANE
GREENACRES, FL 33463 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 () Delete
Name: GASTON, MARIE P
Address: P.O. BOX 450455
City-St-Zip: LAKE WORTH, FL 33454

Title: P () Delete
Name: GASTON, JOSEPH VP
Address: 5220 RISING COMET LANE
City-St-Zip: GREENACRES, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARIE Y GASTON

P

04/28/2005

Electronic Signature of Signing Officer or Director

Date