

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000036452

1. Entity Name

DOCTOR'S CHOICE COMPANIES, INC.



Principal Place of Business

223 SHOREWOOD WAY
JUPITER, FL 33458

Mailing Address

223 SHOREWOOD WAY
JUPITER, FL 33458



02082008

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-1031861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

JONES, J. KENNY
223 SHOREWOOD WAY
JUPITER, FL 33458

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JONES, J. KENNY
STREET ADDRESS	223 SHOREWOOD WAY
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	S
NAME	JONES, M.A.
STREET ADDRESS	223 SHOREWOOD WAY
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	S
NAME	SELAH, ROGER
STREET ADDRESS	9237 W. HIGHLAND PINES DR.
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

0000000229938
02/26/08-80021-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-08

Date

(561) 746-2102

Daytime Phone #