
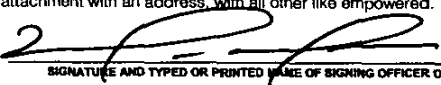


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90022 040 \*\*\*150.00

<b>DOCUMENT # P01000021243</b> 1. Entity Name <b>BOAT M.D., INC.</b>					
Principal Place of Business <b>709 SW 27TH AVE BOYNTON BEACH, FL 33435</b>			Mailing Address <b>709 SW 27TH AVE BOYNTON BEACH, FL 33435</b>		
2. Principal Place of Business <b>4340 CARYOTA DR.</b>		3. Mailing Address <b>4340 CARYOTA DRIVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>BOYNTON BEACH, FL.</b>		City & State <b>BOYNTON BEACH, FL.</b>		4. FEI Number <b>65-1081925</b>	
Zip <b>33436</b>		Country <b>PALM BEACH</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33436</b>		Country <b>PALM BEACH</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MODICA, MATT 709 SW 27TH AVE BOYNTON BEACH, FL 33435</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4340 CARYOTA DRIVE</b> City <b>BOYNTON BEACH</b> <b>FL</b> Zip Code <b>33436</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MODICA, MATT <del>709 SW 27TH</del> BOYNTON BEACH, FL 33435		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MODICA, MATT 4340 CARYOTA DRIVE BOYNTON BEACH, FL. 33436		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MODICA, MATT 4340 CARYOTA DRIVE BOYNTON BEACH, FL. 33436		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MODICA, MATT 4340 CARYOTA DRIVE BOYNTON BEACH, FL. 33436		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MODICA, MATT 4340 CARYOTA DRIVE BOYNTON BEACH, FL. 33436		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MODICA, MATT 4340 CARYOTA DRIVE BOYNTON BEACH, FL. 33436		<input type="checkbox"/> Delete		
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.					
<b>SIGNATURE:</b> 			<b>3/17/06</b> <b>561-659-0911</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		