

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000041237

**Entity Name:** THE TENT DOCTOR INC

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3370 NE 53 TERR  
HIGH SPRINGS, FL 32643

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 485  
HIGH SPRINGS, FL 326550485 US

**New Mailing Address:**

**FEI Number:** 59-3216665

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RHAN, LISA G  
3370 NE 53 TERR  
HIGH SPRINGS, FL 32643 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: D  
Name: RHAN, WILLIAM R  
Address: PO BOX 485  
City-St-Zip: HIGH SPRINGS, FL 326550485

Title: D  
Name: RHAN, LISA G  
Address: PO BOX 485  
City-St-Zip: HIGH SPRINGS, FL 326550485

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISA G RHAN

VP

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date