

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90232 031 ***150.00

DOCUMENT # P01000058581

1. Entity Name
DOCT.E.R., INC.



Principal Place of Business
5100 N OCEAN DR #914
FT LAUDERDALE, FL 33308

Mailing Address
5100 N OCEAN DR #914
FT LAUDERDALE, FL 33308

00000007

2. Principal Place of Business
3100 N. OCEAN DRIVE

3. Mailing Address
3100 N. OCEAN DRIVE

Suite, Apt. #, etc.
1405

Suite, Apt. #, etc.
1405

04232006 Chg-P CR2E034 (11/05)

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

4. FEI Number
65-1120934

Applied For
Not Applicable

Zip
33308

Country
USA

Zip
33308

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRABER, MYLISSA
5100 N OCEAN DR #914
FT LAUDERDALE, FL 33308

Name
GRABER, MYLISSA
Street Address (P.O. Box Number is Not Acceptable)
3100 N. OCEAN DRIVE - APT #1405

City
FT. LAUDERDALE, FL Zip Code
33308

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
GRABER, MYLISSA A
5100 N. OCEAN BLVD #914
FORT LAUDERDALE, FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
GRABER, MYLISSA A
3100 N. OCEAN DR
FT. LAUDERDALE, FL 33308 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

4/27/06