## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000064994

1921 S CLUB DRIVE

WEST PALM BEACH, FL 33414

Address:

City-St-Zip:

Entity Name: DOCTOR'S CORNER INTERNATIONAL, INC.

FILED Apr 19, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1921 S CLUB DRIVE WEST PALM BEACH, FL 33414 **Current Mailing Address: New Mailing Address:** 1921 S CLUB DRIVE WEST PALM BEACH, FL 33414 FEI Number: 65-1117622 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, SVETLANA 1921 S CLUB DRIVE WEST PALM BEACH, FL 33414 US 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CEOP ( ) Delete Title: () Change () Addition SMITH, JOSEPH DR Name: Name: 1921 S CLUB DRIVE Address: Address: City-St-Zip: WEST PALM BEACH, FL 33414 City-St-Zip: Title: VTS Title: () Change () Addition () Delete Name: SMITH, SVETLANA 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SVETLANA SMITH VTS 04/19/2005