

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90030 014 \*\*\*550.00

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**DOCUMENT # P01000064994**

1. Entity Name

**DOCTOR'S CORNER INTERNATIONAL, INC.**



Principal Place of Business

**7048 MONTRICO DR  
BOCA RATON FL 33433**

Mailing Address

**7048 MONTRICO DR  
BOCA RATON FL 33433**

2. Principal Place of Business

**1921 S. Club Drive**

Suite, Apt. #, etc.

3. Mailing Address

**1921 S. Club Drive**

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Wellington, Florida**

City & State  
**Wellington, Florida**

4. FEI Number **65-1117622**

Applied For  
 Not Applicable

Zip  
**33414**

Country  
**USA**

Zip  
**33414**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**SMITH, JOSEPH  
7048 MONTRICO DR  
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name **Smith, Svetlana**  
Street Address (P.O. Box Number is Not Acceptable)  
**1921 S. Club Drive**  
City **Wellington** FL Zip Code **33414**

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 **Svetlana Smith, Svetlana Smith**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**7-14-03**  
DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO SMITH, JOSEPH DR 7048 MONTRICO DR BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SMITH, SVETLANA 7048 MONTRICO DR BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO/P/M SMITH, JOSEPH DR 1921 S. Club Drive Wellington, FL. 33414</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/T/S SMITH, SVETLANA 1921 S. Club Drive Wellington, FL. 33414</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **Joseph Smith**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-14-03**  
Date

**(561) 798-4872**  
Daytime Phone #

CR2E034 (4/03)