


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

10f2

DOCUMENT # P01000114376	
1. Entity Name NEODOC, INC.	

04 JUL 16 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6101 Cypress Hollow Way Suite, Apt. #, etc.		3. Mailing Address The Same Suite, Apt. #, etc.		4. FEI Number 59-3759888	Applied For
City & State Naples, Florida		City & State			Not Applicable
Zip 34109	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

REINSTATEMENT


**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name SPIEGEL & UTRERA, P.A.	
Street Address (P.O. Box Number is Not Acceptable)	
1840 SW 22nd Street, 4th Floor	
City Miami	FL Zip Code 33145

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 	By: Natalia Utrera, Vice President 3/16/04

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTJ ERIC M. CRITTENDEN 6101 Cypress Hollow Way, Naples, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300039536733 07/26/04--01070--001 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like employees.	
SIGNATURE: 	ERIC M. CRITTENDEN 3/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034B (12/02)

6

Neodoc Inc.
Dr. Eric M. Crittenden
6101 Cypress Hollow Way
Naples, FL 34109
239-285-6519

July 1, 2004

To: Dept. of the State, Corporations

Re: Address change

TWIMC: I regret to inform you that I have not paid my annual renewal fee for the corporation listed above (59-375-9888) due to an address change resulting in a undelivered renewal notice. This corporation has been active since the date of inception and I apologize for any inconvenience that this has caused. I do wish to petition to have any late fees removed.

Enclosed is a check for \$300.00 to pay for last year and this year's renewal. Please change my address to the one listed above and call me if there are any problems with this request.

Eric M. Crittenden O.D., president.

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]