
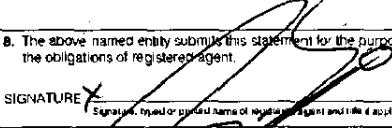
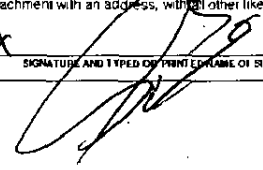


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

11032354

DOCUMENT # P02000061527			
1. Entity Name DOC'S CHOICES, INC.			
Principal Place of Business 1300 S SEMORAN BLVD ORLANDO, FL 32826		Mailing Address 1300 S SEMORAN BLVD ORLANDO, FL 32826	
2. Principal Place of Business 1088 E ALTAMONTE Dr Suite, Apt. #, etc. 103		3. Mailing Address Suite, Apt. #, etc.	
City & State ALTAMONTE SPRINGS, FL		City & State	
Zip 32701		Zip	
Country		Country	
4. FFL Number 04-3694912		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent GARCIA, MARIA MD 4323 STONEFIELD DR ORLANDO, FL 32826		7. Name and Address of New Registered Agent Name: LEONARDO CALDERON Street Address (P.O. Box Number is Not Acceptable): 1088 E ALTAMONTE Dr # 103 City: ALTAMONTE SPRINGS FL Zip Code: 32701	
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: 		DATE: 04/26/03	
FE NOW \$100 AR \$100 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CALDERON, LEONARDO 5536 NW 114 AVE APT 207 MIAMI, FL 33178 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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, without other like empowered.			
SIGNATURE: 		DATE: 04/26/03 407-331-7400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

CH2E034 (10/02)