2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 08:00 A
Secretary of State

DOCUMENT # P03000007252

1. Entity Name
COMPOUNDING DOCS, INC.

Principal Place of Business	Mailing Address
5499 N. FEDERAL HWY SUITE # L-2 BOCA RATON, FL 33487	5499 N. FEDERAL HWY SUITE # L-2 BOCA RATON, FL 33487

02092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1149453
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMOUR, ALAN I II
1645 PALM BEACH LAKES BOULEVARD
SUITE 1200
WEST PALM BEACH, FL 33401

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LITTLE, MARTHA M
STREET ADDRESS	4689 CARLTON GOLF DRIVE
CITY-ST-ZIP	WELLINGTON, FL 33467
TITLE	O
NAME	ROBERTSON, CHARLES
STREET ADDRESS	1140 SW 19TH AVE
CITY-ST-ZIP	BOCA RATON, FL 33486
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	

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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: DR CHARLES ROBERTSON 2/9/07 561-504-6746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #