

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000014165

FILED
Aug 01, 2005
Secretary of State

Entity Name: CENTRO DE MEDICINA PREVENTIVA DOC'S CHOICES, INC.

Current Principal Place of Business:

5802B LAKE UNDERHILL RD.
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 677987
ORLANDO, FL 32867

New Mailing Address:

FEI Number: 04-3736199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALDERON, LEONARDO OWNER
615 FERN LAKE DR.
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

CALDERON, LEONARDO P.
615 FERN LAKE DR.
ORLANDO, FL 32825 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: LEONARDO CALDERON

08/01/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OWNE () Delete
Name: CALDERON, LEONARDO OWNER
Address: 615 FERN LAKE DR.
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP. (X) Change () Addition
Name: HOME, LUZ M
Address: 615 FERN LAKE DR.
City-St-Zip: ORLANDO, FL 32825

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: LUZ MARY HOME

VP

08/01/2005

Electronic Signature of Signing Officer or Director

Date