

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90002 048 ***150.00

DOCUMENT # P03000030047

1. Entity Name
SHOCK DOC, INC.



Principal Place of Business
**5122 NORTHRIDGE ROAD UNIT 303
SARASOTA, FL 34238**

Mailing Address
**12941 US HWY 411
ODENVILLE, AL 35120-5501**

40101953



08142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1467854

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LANGDON, ALLEN E PH.D.
5059 INDIAN MOUND STREET
SARASOTA, FL 34232-2661**

**DO NOT WRITE
IN THIS SPACE**

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 *Allen E. Langdon*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/14/06

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
LEE, MICHAEL H
5122 NORTHRIDGE ROAD UNIT 303
SARASOTA, FL 34238**

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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: *X Michael H. Lee, M.D., Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/06

Date

Daytime Phone #