
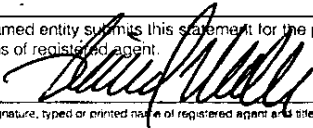
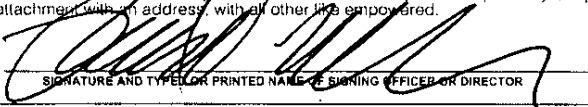


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90021 015 \*\*\*150.00

<b>DOCUMENT # P03000086772</b>			
1. Entity Name EQUIDOC, INC.			
Principal Place of Business 120 E OCEAN AVE LAKE WORTH, FL 33462		Mailing Address 120 E OCEAN AVE LAKE WORTH, FL 33462	
2. Principal Place of Business - No P.O. Box # 2600 N. Military Trail		3. Mailing Address 2600 N. Military Trail	
Suite, Apt. #, etc. Suite 206		Suite, Apt. #, etc. Suite 206	
City & State Boca Raton, FL		City & State Boca Raton FL	
Zip 33431		Country	
Zip 33431		Country	
6. Name and Address of Current Registered Agent  MCMILLAN, RICHARD J 120 E OCEAN AVE LAKE WORTH, FL 33462		7. Name and Address of New Registered Agent Name <u>Richard McMillan</u> Street Address (P.O. Box Number is Not Acceptable) <u>2600 N. Military Trail</u> <u>Suite 206</u> City <u>Boca Raton</u> FL Zip Code <u>33431</u>	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCMILLAN, RICHARD J. 120 E OCEAN AVE LAKE WORTH, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Richard McMillan 2600 N. Military Trail #206 Boca Raton, FL 33431 <input checked="" 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	CFO John Van De Warker 2600 N. Military Trail #206 Boca Raton, FL 33431 <input type="checkbox"/> Change <input checked="" 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
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 lists empowered.			
SIGNATURE: 		Date <u>2/11/08</u> Daytime Phone # <u>562066390</u>	