## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000058332

Entity Name: DOCTORS AND MEDS INC

FILED May 01, 2007 Secretary of State

Lineity Ivai	ine. Dooron	TO AND MEDO INC					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
2812 E BE TAMPA, FI	ARSS AVENU L 33613	E					
Current Mailing Address:			New Maili	New Mailing Address:			
2812 E BE TAMPA, FI	ARSS AVENU L 33613	E					
FEI Number:	: 20-1092668	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired	1 ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
202 CRYS LUTZ, FL	TAL GROVE E 33548 US		e purpose of changing i	ts registere	d office or registered agent, o	or both.	
	e of Florida.			J	J J	•	
SIGNATUR							
	Electror	ic Signature of Registered A	\gent		Date		
		3(2)(b), F.S., the corporation dic Trust Fund Contribution ( ).	not receive the prior notic	e.			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( ) ISHOLA, OLAB 10109 VISTA P TAMPA, FL 33	OINTE DRIVE	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VP ( ) ISHOLA, KOLA 8807 BEELER TAMPA, FL 33	DRIVE	Title: Name: Address: City-St-Zip:	VP ISHOLA, KC 17918 BURI LITHIA, FL	NT OAK LANE		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CARLTON CUNNINGHAM RA 05/01/2007