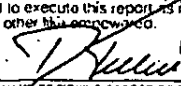


2005 FOR PROFIT CORPORATION ANNUAL REPORT

2/1

FILED
Mar 08, 2005 8:00 am
Secretary of State

02-01-2005 90021 018 ***150.00

DOCUMENT # P04000067934					
1. Entity Name THE HOME DOCTOR OF BREVARD, INC.					
Principal Place of Business 314 LAURIE STREET MELBOURNE, FL 32935			Mailing Address 314 LAURIE STREET MELBOURNE, FL 32935		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 043788570	
5. Certificate of Status Desired ☐				Applicant For Not Applicable	
6. Name and Address of Current Registered Agent NAPOLITAN, JOE 314 LAURIE STREET MELBOURNE, FL 32935				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 removing) Signature (Typed or printed name of registered agent and title of office) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD TELLIER, DAVID E 1189 HAMPSHIRE AVENUE PALM BAY, FL 32905	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD EKLOF, ARTHUR 1189 HAMPSHIRE AVENUE PALM BAY, FL 32905	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicates 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 this company.					
SIGNATURE:  1/27/05 PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66003770



01192005 Chg-P CR2E034 (10/03)

4. FEI Number
043788570

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

6. Name and Address of Current Registered Agent NAPOLITAN, JOE 314 LAURIE STREET MELBOURNE, FL 32935		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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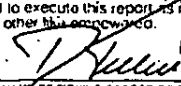
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SIGNATURE:  1/27/05 **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR