

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067934

FILED
Jan 15, 2008
Secretary of State

Entity Name: THE HOME DOCTOR OF BREVARD, INC.

Current Principal Place of Business:

1189 HAMPSHIRE AVE, NE
PALM BAY, FL 32905

New Principal Place of Business:

927 E. NEW HAVEN AVENUE
SUITE 305
MELBOURNE, FL 32901

Current Mailing Address:

314 LAURIE STREET
MELBOURNE, FL 32935

New Mailing Address:

927 E. NEW HAVEN AVENUE
SUITE 305
MELBOURNE, FL 32901

FEI Number: 04-3788570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TELLER, DAVID E
1189 HAMPSHIRE AVE.
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

TELLER, DAVID E
927 E. NEW HAVEN AVENUE
SUITE 305
MELBOURNE, FL 32901 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:

01/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TELLIER, DAVID E
Address: 1189 HAMPSHIRE AVENUE
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TELLIER, DAVID E
Address: 927 E. NEW HAVEN AVENUE, SUITE 305
City-St-Zip: MELBOURNE, FL 32901

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: DAVID E. TELLIER

PD

01/15/2008

Electronic Signature of Signing Officer or Director

Date