


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000098640 1. Entity Name DOC'S RESTAURANT, INC.	
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Principal Place of Business 1405 S. ORANGE AVE., STE. 600 ORLANDO, FL 32806	Mailing Address 1405 S. ORANGE AVE., STE. 600 ORLANDO, FL 32806
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DO NOT WRITE IN THIS SPACE



03022007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1310935	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WINTERS, JR, THOMAS F MD 1405 S. ORANGE AVE STE 601 ORLANDO, FL 32806

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WINTERS, JR., M.D., THOMAS F. 1405 S. ORANGE AVE., SUITE 601 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAYNOR, ELIZABETH 1405 S. ORANGE AVE., SUITE 601 ORLANDO, FL 32806
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04/25/07-80020-007 150.00

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: Thomas F. Winters, Jr. 4-11-07 407-649-1097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Thomas F. Winters, Jr, M.D.