

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000138644

Entity Name: THE DOCTOR JOB, INC.

**FILED**  
**May 10, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

605 BIRCH BLVD  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

407 SILVER OAK LN  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

PO BOX 150160  
ALTAMONTE SPRINGS, FL 327150160

**New Mailing Address:**

FEI Number: 20-1728612

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AVITABLE, AMY M  
605 BIRCH BLVD  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

AVITABLE, ADAM H  
407 SILVER OAK LN  
ALTAMONTE SPRINGS, FL 32701 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: ADAM H AVITABLE

05/10/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: AVITABLE, ADAM H  
Address: 407 SILVER OAK LN  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby 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 all other like empowered.

SIGNATURE: ADAM H AVITABLE

CEO

05/10/2010

Electronic Signature of Signing Officer or Director

Date