

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000138644

Entity Name: THE DOCTOR JOB, INC.

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

407 SILVER OAK LN  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

407 SILVER OAK LN  
ALTAMONTE SPRINGS, FL 32701 US

**Current Mailing Address:**

PO BOX 150160  
ALTAMONTE SPRINGS, FL 327150160

**New Mailing Address:**

PO BOX 150160  
ALTAMONTE SPRINGS, FL 327150160 US

FEI Number: 20-1728612

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

AHA

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date