

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000150236

Entity Name: HOUSE DOCTORS PLUS, INC.

FILED
Mar 30, 2009
Secretary of State

Current Principal Place of Business:

8277 BRANCH AVE
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

8277 BRANCH AVE
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 20-1829929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, HAROLD G
2968 PGA BLVD
NAVARRE, FL 32566 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHITE, JOHN R
Address: 3248 SOWELL RD
City-St-Zip: BREWTON, AL 36426

Title: ST () Delete
Name: WHITE, CHRISTOPHER J
Address: 294 WOLFLOG RD
City-St-Zip: FLOMATON, AL 36441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN R WHITE

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date