

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000153235

Entity Name: DOCARE CLINIC, INC.

**FILED**  
**Aug 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

602 ARBOR LAKE LANE  
TAMPA, FL 33602

**New Principal Place of Business:**

3317 GANDY BLVD  
TAMPA, FL 33611

**Current Mailing Address:**

P O BOX 172445  
TAMPA, FL 33672

**New Mailing Address:**

FEI Number: 20-1977541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OSUJI, CHUMA G  
602 ARBOR LAKE LANE  
TAMPA, FL 33602 US

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

OSUJI, CHUMA G  
3317 GANDY BLVD  
TAMPA, FL 33611 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: CHUMA G. OSUJI

08/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: OSUJI, CHUMA G DR  
Address: 3317 GANDY BLVD  
City-St-Zip: TAMPA, FL 33611

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: CHUMA G. OSUJI

P

08/06/2010

Electronic Signature of Signing Officer or Director

Date