

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000049037

Entity Name: PERSONAL DOCTOR CARE, INC.

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

4800 LINTON BLVD STE E310  
DELRAY BEACH, FL 33445

## **New Principal Place of Business:**

4800 LINTON BLVD  
SUITE F101  
DELRAY BEACH, FL 33445

## **Current Mailing Address:**

4800 LINTON BLVD STE E310  
DELRAY BEACH, FL 33445

## **New Mailing Address:**

4800 LINTON BLVD  
SUITE F101  
DELRAY BEACH, FL 33445

FEI Number: 20-2612232

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

NEUMAN, DAVID  
4800 LINTON BLVD STE E310  
DELRAY BEACH, FL 33445 US

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

NEUMAN, DAVID  
4800 LINTON BLVD  
SUITE F101  
DELRAY BEACH, FL 33445 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: DAVID NEUMAN

02/18/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: DR  
Name: NEUMAN, DAVID  
Address: 4800 LINTON BLVD SUITE F101  
City-St-Zip: DELRAY BEACH, FL 33445 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: DAVID NEUMAN

P

02/18/2011

Electronic Signature of Signing Officer or Director

Date