

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000077285

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: DOCTOR, CORP.

## Current Principal Place of Business:

8345 NW 68 ST  
MIAMI, FL 33166 US

## New Principal Place of Business:

## Current Mailing Address:

8345 NW 68 ST  
MIAMI, FL 33166 US

## New Mailing Address:

FEI Number: 74-3146427      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEON, JULIO  
1761 SE 18 TE  
HOMESTEAD, FL 33035 US

## Name and Address of New Registered Agent:

LEON, JULIO  
8345 NW 68 ST  
MIAMI, FL 33166 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: JULIO LEON

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LEON, JULIO  
Address: 1761 SE 18 TE  
City-St-Zip: HOMESTEAD, FL 33035 US

Title: VP ( ) Delete  
Name: LEON, JULIO  
Address: 1761 SE 18 TE  
City-St-Zip: HOMESTEAD, FL 33035 US

Title: T ( ) Delete  
Name: LEON, JULIO  
Address: 1761 SE 18 TE  
City-St-Zip: HOMESTEAD, FL 33035 US

Title: S ( ) Delete  
Name: LEON, JULIO  
Address: 1761 SE 18 TE  
City-St-Zip: HOMESTEAD, FL 33035 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LEON, JULIO  
Address: 8345 NW 68 ST  
City-St-Zip: MIAMI, FL 33166 US

Title: VP (X) Change ( ) Addition  
Name: LEON, JULIO  
Address: 8345 NW 68 ST  
City-St-Zip: MIAMI, FL 33166 US

Title: T (X) Change ( ) Addition  
Name: LEON, JULIO  
Address: 8345 NW 68 ST  
City-St-Zip: MIAMI, FL 33035 US

Title: S (X) Change ( ) Addition  
Name: LEON, JULIO  
Address: 8345 NW 68 ST  
City-St-Zip: MIAMI, FL 33166 US

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: JULIO LEON

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date