

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000078016

Entity Name: PALM TREE DOCTOR, INC.

FILED
May 30, 2012
Secretary of State

Current Principal Place of Business:

430 SOUTH DIXIE HIGHWAY SOUTH
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

PO BOX 1237
POMPANO BEACH, FL 33061

New Mailing Address:

FEI Number: 20-2927764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILES, LINDA
430 S DIXIE HIGHWAY WEST
POMPANO BEACH, FL 33060 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: VP
Name: GILES, LINDA
Address: 430 S DIXIE HIGHWAY WEST
City-St-Zip: POMPANO BEACH, FL 33060

Title: P
Name: GILES, MARIA J
Address: 430 SOUTH DIXIE HIGHWAY WEST
City-St-Zip: POMPANO BEACH, FL 33060

Title: S, T
Name: GILES, WILLIAM
Address: 430 SOUTH DIXIE HIGHWAY WEST
City-St-Zip: POMPANO BEACH, FL 33060

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: MARIA GILES

P

05/30/2012

Electronic Signature of Signing Officer or Director

Date