

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000136153

FILED  
Apr 10, 2011  
Secretary of State

Entity Name: DOCTOR FOR ADULTS, INC.

## Current Principal Place of Business:

505 WEST OAK ST  
SUITE 202  
KISSIMMEE, FL 34741 US

## New Principal Place of Business:

## Current Mailing Address:

505 WEST OAK ST  
SUITE 202  
KISSIMMEE, FL 34741 US

## New Mailing Address:

FEI Number: 71-0989707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ATIQUEZZAMAN, TAHSINA Y  
505 WEST OAK ST  
SUITE 505  
KISSIMMEE, FL 34741 US

## Name and Address of New Registered Agent:

ATIQUEZZAMAN, TAHSINA Y  
5418 OSPREY ISLE LN  
ORLANDO, FL 32819 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: TAHSINA Y. ATIQUEZZAMAN

04/10/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: ATIQUEZZAMAN, TAHSINA Y  
Address: 5418 OSPREY ISLE LN  
City-St-Zip: ORLANDO, FL 32819 US

Title: VP  
Name: ATIQUEZZAMAN, BASHER M  
Address: 5418 OSPREY ISLE LN  
City-St-Zip: ORLANDO, FL 32819 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: TAHSINA ATIQUEZZAMAN

P

04/10/2011

Electronic Signature of Signing Officer or Director

Date