

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000057799

FILED
Jun 27, 2009
Secretary of State

Entity Name: THE INSTRUMENT DOCTOR INC.

Current Principal Place of Business:

15707 BUTTERFISH PLACE
BRADENTON, FL 34202

New Principal Place of Business:

Current Mailing Address:

15707 BUTTERFISH PLACE
BRADENTON, FL 34202

New Mailing Address:

FEI Number: 26-2904143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEVENSON, MARK B
Address: 15707 BUTTERFISH PLACE
City-St-Zip: BRADENTON, FL 34202

Title: V () Delete
Name: LEVENSON, KATHLEEN C
Address: 15707 BUTTERFISH PLACE
City-St-Zip: BRADENTON, FL 34202

Title: S () Delete
Name: LOSSEE, AMY
Address: 15707 BUTTERFISH PLACE
City-St-Zip: BRADENTON, FL 34202

Title: D () Delete
Name: LEVELNISON, JEFFREY D
Address: 15707 BUTTERFISH PLACE
City-St-Zip: BRADENTON, FL 34202

Title: D () Delete
Name: LOSSEE, JAMES
Address: 15707 BUTTERFISH PLACE
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK B. LEVENSON

P

06/27/2009

Electronic Signature of Signing Officer or Director

Date