

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000059845

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** DOCTORS CARE PLUS PA

**Current Principal Place of Business:**

11451 N US HWY 301  
SUITE 104  
THONOTOSASSA, FL 33592

**New Principal Place of Business:**

**Current Mailing Address:**

3119 LITHIA PINECREST ROAD  
VALRICO, FL 33596

**New Mailing Address:**

**FEI Number:** 27-0559552

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PROFITS AND GAINS  
2240 TWELVE OAKS WAY  
SUITE 102  
WESLEY CHAPEL, FL 33544 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: P  
Name: SHAW, IZABELLA  
Address: 9815 SORBONNE LOOP  
City-St-Zip: SEFFNER, FL 33584

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: IZABELA SHAW

PD

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date