

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000037487

Entity Name: DR MULTISERVICES, INC

**FILED**  
**May 01, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

5449 S SEMORAN BLVD  
BUILDING 2 SUITE 224  
ORLANDO, FL 32822

## **New Principal Place of Business:**

5448 HOFFNER AVE  
SUITE 405  
ORLANDO, FL 32812

## **Current Mailing Address:**

2911 VISTA BELLA LOOP  
UNIT 205  
ORLANDO, FL 32822

## **New Mailing Address:**

FEI Number: 27-2481579

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROJAS, DANIEL  
2911 VISTA BELLA LOOP  
UNIT 205  
ORLANDO, FL 32822 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: ROJAS, DANIEL  
Address: 2911 VISTA BELLA LOOP UNIT 205  
City-St-Zip: ORLANDO, FL 32822

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: DANIEL ROJAS

P

05/01/2012

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

\_\_\_\_\_  
Date