

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000042462

Entity Name: GOLFCAR DOCTORS, INC.

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10749 DERRINGER DR.  
ORLANDO, FL 32829

**New Principal Place of Business:**

2200 N. FORSYTH RD.  
STE I-01  
ORLANDO, FL 32807

**Current Mailing Address:**

10749 DERRINGER DR.  
ORLANDO, FL 32829

**New Mailing Address:**

2200 N. FORSYTH RD.  
STE I-01  
ORLANDO, FL 32807

FEI Number: 45-2081105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MALDONADO, MARISOL  
10749 DERRINGER DR.  
ORLANDO, FL 32829 US

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

CENTRAL FLORIDA ACCOUNTANTS, INC.  
933 LEE RD.  
STE 401  
ORLANDO, FL 32810 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: RAMON MARTINEZ

04/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MALDONADO, MARISOL  
Address: 10749 DERRINGER DR.  
City-St-Zip: ORLANDO, FL 32829

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: MARISOL MALDONADO

PRES

04/19/2012

Electronic Signature of Signing Officer or Director

Date