FOR PROFIT CORPORATION ANNUAL REPORT

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14 JUN -9 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P13000006279

1. Entity Name
The Insurance Doctor, Inc

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CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
15280 NW 79 Ct	SAME
Suite, Apt. #, etc.: 103	Suite, Apt. #, etc.
City & State: Miami Lakes FL	City & State
Zip: 33016 Country: USA	Zip Country

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Bello Martinez & Ramirez PL

Street Address (P.O. Box Number is Not Acceptable): 800 Douglas Rd Suite 149

City: Coral Gables FL Zip Code: 33134

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

E-mail Address: jmartinez@bmrlawgroup.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	P/S
NAME	FERNANDO ESPINOSA
STREET ADDRESS	15280 NW 79 Ct. 103
CITY-ST-ZIP	Miami LAKES FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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06/09/14--01033--029 **150.00

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JUN 9 2014

R. HUNT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: _____ 6/3/14
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #