


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90059 004 ***150.00

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| DOCUMENT # P93000025416 |  |
| 1. Entity Name YOUR FAMILY DOCTOR, INC. | |

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| Principal Place of Business 12901 NW 27TH AVE. MIAMI, FL 33167 US | Mailing Address YOUR FAMILY DOCTOR, INC 661 86TH STREET MIAMI BEACH, FL 33141 US |
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| 2. Principal Place of Business - No P.O. Box # 330 Clematis Street | 3. Mailing Address 300 41 STREET |
| Suite, Apt. #, etc. Suite 214 | Suite, Apt. #, etc. SUITE 218 |
| City & State West Palm Beach FL | City & State MIAMI BEACH, FL |
| Zip 33401 | Country USA |



01312008 Chg-P CR2E034 (12/06)

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| 4. FEI Number 65-0407618 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent MERRITT, ROGER J SUITE 218, 300 - 41ST ST. MIAMI BEACH,, FL 33140 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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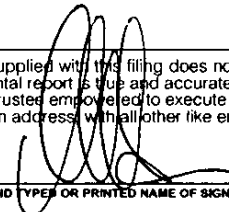
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST BERMAN, MIKHAIL N 12901 NW 27 AVE. MIAMI, FL 33167 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST BERMAN, MIKHAIL 330 Clematis Street, Suite 214 West Palm Beach, FL 33401 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **Mikhail Berman** **4/11/08** **888-804-1632**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #