

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000063918

**FILED**  
**Feb 12, 2012**  
**Secretary of State**

**Entity Name:** DOCTOR EASY MEDICAL PRODUCTS CORPORATION

**Current Principal Place of Business:**

784 BLANDING BLVD  
SUITE 109  
ORANGE PARK, FL 32065 US

**Current Mailing Address:**

P. O. BOX 1717  
ORANGE PARK, FL 32067 US

**New Principal Place of Business:**

786 BLANDING BLVD  
SUITE 116  
ORANGE PARK, FL 32065 US

**New Mailing Address:**

P. O. BOX 1717  
ORANGE PARK, FL 320671717 US

**FEI Number:** 59-3206112

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELLIOTT, ORVILLE G  
4421 SADDLEHORN TL  
MIDDLEBURG, FL 32068 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:** D  
**Name:** ROTHSTEIN, SIMON  
**Address:** 4417 BEACH BLVD, SUITE 104  
**City-St-Zip:** JACKSONVILLE, FL 32207

**Title:** D  
**Name:** GARCIA, MARSHA E  
**Address:** 2880 SWEETHOLLY DR  
**City-St-Zip:** JACKSONVILLE, FL 32223

**Title:** DPS  
**Name:** ELLIOTT, ORVILLE G  
**Address:** 4421 SADDLEHORN TRAIL  
**City-St-Zip:** MIDDLEBURG, FL 32068

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:** MARSHA E. GARCIA

D

02/12/2012

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

\_\_\_\_\_  
Date