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CORPORATION ANNUAL REPORT

1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:50

DOCUMENT # P94000014212 (2)

1. Entity Name

DOCTOR CREDIT, INC.

Principal Address	Mailing Address
1200 DELTONA BLVD. SUITE 24 DELTONA FL 32725	1200 DELTONA BLVD. SUITE 24 DELTONA FL 32725

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 02/17/1994

3a. Date of Last Report:

2. Principal Place of Business 21

2a. Mailing Address 26

4. FEI Number: 59-3208416 — Applied For / Not Applicable

Suite, Apt. # 22 — Suite, Apt. # 27

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

City & State 23 — City & State 28

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

City 24 — County 25 — Zip 29 — County 30

8. This corporation was formerly an entity under S. 190.002 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSON, CHESTER 1549 MONTGOMERY STREET DELAND FL 32723	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
P JOHNSON, CHESTER 1549 MONTGOMERY ST. DELAND FL 32723	☐ Change ☐ Addition
T CREMER, DENISE L 233 DELESPINE DR. DEBARY FL 32713	☐ Change ☐ Addition
S CIAMBRIELLO, LILLIAN 2076 ROCKY HILL ROAD DELTONA FL 32738	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. To the best of my knowledge, the information supplied with this report, including any attached additional pages, is true and accurate as of the date of this report. I further certify that the information indicated on this report or supplemental annual 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 I am aware of the penalties for making false statements contained in this document.

SIGNATURE: Denise L. Cremer — 4/28/95 — 407-860-0210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denise L. Cremer

0049303 CP