

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000074444

Entity Name: DOC MASTERS, INC.

**FILED**  
**Jan 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

DOC MASTERS, INC  
32431 MABEL LANE  
LEESBURG, FL 347883941 US

**New Principal Place of Business:**

**Current Mailing Address:**

DOC MASTERS, INC  
32431 MABEL LANE  
LEESBURG, FL 347883941 US

**New Mailing Address:**

FEI Number: 59-3285620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FORSTER, RUDOLF R PRES  
32431 MABEL LANE  
LEESBURG, FL 347883941 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: PTDS  
Name: FORSTER, RUDOLF R  
Address: 32431 MABEL LN.  
City-St-Zip: LEESBURG, FL 347883941 US

Title: VD  
Name: FORSTER, MARYANN A  
Address: 32431 MABEL LN.  
City-St-Zip: LEESBURG, FL 347883941 US

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: RUDOLF R FORSTER

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01/20/2011

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

\_\_\_\_\_  
Date