

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000009942

Entity Name: SUZANNE A. DOCKERTY, P.A.

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

110 MERRICK WAY  
SUITE #3-B  
CORAL GABLES, FL 33134

## **New Principal Place of Business:**

## **Current Mailing Address:**

110 MERRICK WAY  
SUITE #3-B  
CORAL GABLES, FL 33134

## **New Mailing Address:**

FEI Number: 65-0808255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DOCKERTY, SUZANNE A  
110 MERRICK WAY  
SUITE #3-B  
CORAL GABLES, FL 33134 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: PSTD  
Name: DOCKERTY, SUZANNE A  
Address: 110 MERRICK WAY, SUITE #3-B  
City-St-Zip: CORAL GABLES, FL 33134

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: SUZANNE A DOCKERTY

P

03/14/2011

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

\_\_\_\_\_  
Date