

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015282

FILED
Aug 01, 2006
Secretary of State

Entity Name: THE COUNTRY DOCTOR'S OFFICE, INC.

Current Principal Place of Business:

113 NE 1ST STREET
CHIEFLAND, FL 32626

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2497
CHIEFLAND, FL 32644

New Mailing Address:

FEI Number: 59-3491936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECK, PHILLIP K
11151 N.W. 115TH ST.
CHIEFLAND, FL 32644 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVD () Delete
Name: MOTT, WILLIAM J D.O.
Address: 228 S.E. AVE.
City-St-Zip: CHIEFLAND, FL 32644

Title: ST () Delete
Name: GRIFFIS, DAVE CPA
Address: 500 NY AVE., UNIT 35
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM J. MOTT DO

PVD

08/01/2006

Electronic Signature of Signing Officer or Director

Date