

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000055568

Entity Name: FLORIDA DOCTORS, INC.

FILED  
Jan 04, 2007  
Secretary of State

## Current Principal Place of Business:

2020 S.E. 17TH ST.  
OCALA, FL 34471

## New Principal Place of Business:

## Current Mailing Address:

2020 S.E. 17TH ST.  
OCALA, FL 34471

## New Mailing Address:

FEI Number: 59-3538000

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HILL, MICHAEL P  
2020 SE 17TH ST  
OCALA, FL 34471 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HILL, MICHAEL P  
Address: 2020 S.E. 17TH ST.  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: KAMATH, SACHIN S MD  
Address: 2020 SE 17TH ST  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: ANDERSON, NORMAN H MD  
Address: 2020 SE 17TH ST.  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: BENNETT, CHARLES J MD  
Address: 2020 SE 17TH ST  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: BRANT, TIMOTHY MD  
Address: 2020 SE 17TH ST  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: BUCY, GUY S MD  
Address: 2020 SE 17TH ST  
City-St-Zip: OCALA, FL 34471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MICHAEL P. HILL

M

01/04/2007

Electronic Signature of Signing Officer or Director

Date