

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000089541

Entity Name: D.C.P.C. INCORPORATED

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

694 NW 183 WAY  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

694 NW 183 WAY  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 65-0883978

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCCOY, KENNETH W  
9050 PINES BLVD  
STE 386  
PEMBROKE PINES, FL 33024 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: D/P  
Name: TOLMIE, PATRICIA  
Address: 694 NW 183 WAY  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D/S  
Name: TOLMIE, DEREK  
Address: 694 NW 183 WAY  
City-St-Zip: PEMBROKE PINES, FL 33029

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: PATRICIA TOLMIE

P

03/24/2011

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

\_\_\_\_\_  
Date