


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90195 001 \*\*\*150.00

<b>DOCUMENT # P99000061413</b>	
1. Entity Name <b>EQDOC, INCORPORATED</b>	

Principal Place of Business <b>9430 S MAGNOLIA AVE OCALA FL 34476</b>	Mailing Address <b>PO BOX 1588 BELLEVIEW FL 34421</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number <b>59-3600135</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
<b>MATTHEWS, PHILIP M</b> <del>501 SW 96TH LANE</del> <i>9430 S. Magnolia Ave</i> <b>OCALA FL 34476</b> <i>Ocala FL 34476</i>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATTHEWS, PHILIP M</b>	NAME	<i>9430 S. Magnolia Ave</i>
STREET ADDRESS	<b>501 SW 96TH LANE</b>	STREET ADDRESS	<i>Ocala, FL 34476</i>
CITY-ST-ZIP	<b>OCALA FL 34476</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAHN, J K</b>	NAME	
STREET ADDRESS	<b>4747 SW 60TH AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL 34474</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSSELL, WILLIAM B</b>	NAME	
STREET ADDRESS	<b>4747 SW 60TH AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL 34474</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LABRUZZO, VITO M</b>	NAME	<i>3535 Old Pafftown Rd</i>
STREET ADDRESS	<b>PO BOX 2274</b>	STREET ADDRESS	<i>Winston Salem, NC 27106</i>
CITY-ST-ZIP	<b>ADVANCE NC 27006</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Philip M. Matthews* **4/27/06 352-237-**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **3330**