

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000111576

Entity Name: DOC RELIEF, P.A.

**FILED**  
**Feb 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5911 JOHN ANDERSON HWY  
FLAGLER BEACH, FL 32136

**New Principal Place of Business:**

**Current Mailing Address:**

5911 JOHN ANDERSON HWY  
FLAGLER BEACH, FL 32136

**New Mailing Address:**

FEI Number: 59-3615895

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WRIGHT, THOMAS D RA  
9711 OVERSEAS HWY  
MARATHON, FL 33050 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: PD  
Name: SMITH, SCOTT W PD  
Address: 5911 JOHN ANDERSON HWY  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: STVP  
Name: SMITH, HEIDI M MANAGER  
Address: 5911 JOHN ANDERSON HWY  
City-St-Zip: FLAGLER BEACH, FL 32136

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: HEIDI SMITH

STVP

02/11/2011

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

\_\_\_\_\_  
Date