2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S08843

Entity Name: MY DOCTOR, P.A.

FILED Feb 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

125 NORTH MAIN ST. 1200 SOUTH MAIN STREET BELLE GLADE, FL 33430 US

SUITE 200

BELLE GLADE, FL 33430 US

Current Mailing Address: New Mailing Address:

1200 SOUTH MAIN STREET 125 NORTH MAIN STREET BELLE GLADE, FL 33430 US SUITE 200

BELLE GLADE, FL 33430 US

FEI Number: 65-0217699 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HARLAND, MARTIN T. HARLAND, MARTIN T. 125 NORTH MAIN ST. 1200 SOUTH MAIN STREET

BELLE GLADE, FL 334304997 US SUITE 200 BELLE GLADE, FL 334304997 US

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: MARTIN T HARLAND 02/25/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete HARLAND, MARTIN T., Name: 125 NORTH MAIN ST Address: City-St-Zip: BELLE GLADE, FL 33430

Title: () Delete Name: HARLAND, MARTIN T., 125 NORTH MAIN STREET Address:

BELLE GLADE, FL 33430 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

HARLAND, MARTIN T., Name:

1200 SOUTH MAIN STREET 200 Address: City-St-Zip: BELLE GLADE, FL 33430

Title: (X) Change () Addition

HARLAND, MARTIN T., Name:

Address: 1200 SOUTH MAIN STREET 200 BELLE GLADE, FL 33430 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARTIN T HARLAND **PRES** 02/25/2009