

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S56783

FILED
Apr 02, 2009
Secretary of State

Entity Name: DOCTOR'S ASSOCIATES INC.

Current Principal Place of Business:

300 SOUTH PINE ISLAND RD., SUITE 306
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

300 SOUTH PINE ISLAND RD., SUITE 306
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: 06-0847134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: PD () Delete
Name: DELUCA, FREDERICK A.,
Address: 300 SOUTH PINE ISLAND ROAD, STE. 306
City-St-Zip: PLANTATION, FL 33324

Title: VPSD () Delete
Name: SHINN, MILDRED
Address: 325 BIC DRIVE
City-St-Zip: MILFORD, CT 06460

Title: VPSD () Delete
Name: SHINN, MILDRED
Address: 325 BIC DRIVE
City-St-Zip: MILFORD, CT 06460

Title: T () Delete
Name: DELUCA, CARMELA
Address: 325 BIC DRIVE
City-St-Zip: MILFORD, CT 06460

Title: ASTS () Delete
Name: DARRIN, WILLIAM A
Address: 325 BIC DRIVE
City-St-Zip: MILFORD, CT 06460

Title: D () Delete
Name: BUCK, HAYDEE
Address: 325 BIC DR
City-St-Zip: MILFORD, CT 06460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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Title: () Change () Addition
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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 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: MILDRED K. SHINN

VPSD

04/02/2009

Electronic Signature of Signing Officer or Director

_____ Date