## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S56783

Entity Name: DOCTOR'S ASSOCIATES INC.

Apr 21, 2011 Secretary of State

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

700 S. ROYAL POINCIANA BLVD

STE 500

MIAMI SPRINGS, FL 33166

**New Mailing Address: Current Mailing Address:** 

700 S. ROYAL POINCIANA BLVD 325 BIC DR

STE 500 MILFORD, CT 06461 US MIAMI SPRINGS, FL 33166

FEI Number: 06-0847134 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:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

DELUCA, FREDERICK A. Name:

700 S. ROYAL POINCIANA BLVD STE 500 Address:

City-St-Zip: MIAMI SPRINGS, FL 33166 US

Title: **VPSD** 

Name: SHINN, MILDRED MEAD 325 BIC DRIVE Address:

MILFORD, CT 06461 US City-St-Zip:

Title: S.D

SHINN, MILDRED Name: 325 BIC DRIVE Address:

City-St-Zip: MILFORD, CT 06461 US

Title: D

BUCK, PETER Name: Address: 325 BIC DR

City-St-Zip: MILFORD, CT 06461 US

Title: **ASTS** 

Name: DARRIN, WILLIAM A 325 BIC DRIVE Address: MILFORD, CT 06461 US City-St-Zip:

Title:

Name: BUCK, HAYDEE Address: 325 BIC DR

City-St-Zip: MILFORD, CT 06461 US

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.

VΡ SIGNATURE: MILDRED K. SHINN 04/21/2011