

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000032135

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** DOCPTA MEDICAL CLINIC, INC.

**Current Principal Place of Business:**

7235 CORAL WAY  
214  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

7235 CORAL WAY  
214  
MIAMI, FL 33155 US

**New Mailing Address:**

**FEI Number:** 71-0940148      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MEDINA, PEDRO  
3401 SW 129 AVE  
MIAMI, FL 33175 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: P  
Name: MEDINA, PEDRO  
Address: 3401 SW 129 AVE  
City-St-Zip: MIAMI, FL 33175 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.

SIGNATURE: PEDRO MEDINA

P

04/12/2010

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

\_\_\_\_\_ Date