

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P12000006450

Entity Name: YOUR DOCTOR, INC.

Current Principal Place of Business:

4800 N STATE RD 7, STE F103
LAUDERDALE LAKES, FL 33319

Current Mailing Address:

4800 N STATE RD 7, STE F103
LAUDERDALE LAKES, FL 33319 US

FEI Number: 45-4351355

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COBA, JOSE
4800 N STATE RD 7#F103
LAUDERDALE LAKES, FL 33319 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: JOSE COBA

09/28/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name COBA, JOSE V
Address 4800 N STATE RD 7 STE F103
City-State-Zip: LAUDERDALE LAKES FL 33319

Title VP
Name COBA, HEYDI D
Address 4800 N STATE RD 7 STE F103
City-State-Zip: LAUDERDALE LAKES FL 33319

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: JOSE COBA

P

09/28/2015

Electronic Signature of Signing Officer/Director Detail

Date