

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000082513

Entity Name: TRANSMISSION DOCTOR, INC.

Current Principal Place of Business:

7548 W. MCNAB RD.
BAY A-9/10
N. LAUDERDALE, FL 33068

Current Mailing Address:

7548 W. MCNAB RD.
BAY A-9/10
N. LAUDERDALE, FL 33068

FEI Number: 65-0616290

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

AMENDOLARO, GABRIELLA K
7548 W. MCNAB RD., BAY A - 9/10
NORTH LAUDERDALE, FL 33068 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: GABRIELLA AMENDOLARO

04/13/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name AMENDOLARO, GABRIELLA K
Address 16438 MURCOTT BLVD.
City-State-Zip: LOXAHATCHEE FL 33470

Title VP
Name LAWRENCE, BURKE P
Address 147 SEVILLA AVE.
City-State-Zip: ROYAL PALM BEACH FL 33411

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: GABRIELLA K AMENDOLARO

PRESIDENT

04/13/2017

Electronic Signature of Signing Officer/Director Detail

Date