


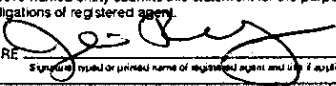
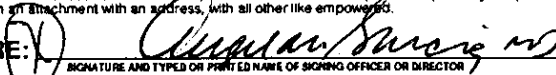
AMENDED 10/2

FILED

03 DEC 10 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K04157					
1. Entry Name DR. NOTES, INC.					
Principal Place of Business 5201 CONGRESS AVE. C 200 BOCA RATON, FL 33487 US			Mailing Address 5201 CONGRESS AVE. C 200 BOCA RATON, FL 33487 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0036909	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GARCIA, ANGEL M.M.D. 6201 CONGRESS AVE. SUITE C-200 BOCA RATON, FL 33487				7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 12-10-03 NOTE: Registered Agent signature required when amending.					
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State.				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete GARCIA, ANGEL M 600 FAIRWAY DRIVE, SUITE 210 DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete CEO GARCIA, ANGEL M M.D. 5201 CONGRESS AVE., SUITE C-200 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete GARCIA, MARDIAN B 5201 CONGRESS AVE., SUITE C-200 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D RICHARDSON, JAMES 5201 CONGRESS AVE., SUITE C-200 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000025402760 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete DEPO GREGAN, TONY 5201 CONGRESS AVE., SUITE C-200 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D MCCLOSKEY, JOHN P 5201 CONGRESS AVE., SUITE C-200 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an Attachment with an address, with all other like empowereds.					
SIGNATURE: 				Date 11/12/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

CR2E034 (10/02)

292



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 349865 7411084

AUTHORIZATION :

COST LIMIT :

Patricia Piquito
~~61.2500~~ \$ 61.2500

ORDER DATE : December 8, 2003

ORDER TIME : 12:07 PM

ORDER NO. : 349865-005

CUSTOMER NO: 7411084

CUSTOMER: Ms. Regina Pacella
Dr. Notes, Inc.
Suite C200
5201 Congress Avenue
Boca Raton, FL 33487

RECEIVED
03 DEC 10 PM 2:48
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: DR. NOTES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Joyce Markley

EXAMINER'S INITIALS _____