


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000085425
1. Entity Name
DOCTOR RESOURCES, INC.



Principal Place of Business Mailing Address
1175 SOUTH US HWY 1 1175 SOUTH US HWY 1
VERO BEACH, FL 32962 VERO BEACH, FL 32962



03312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-1042395 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BLODIG, GREGORY J ESQ
GREENSPOON MARDER HIRSCHFELD ET AL.
100 WEST CYPRESS CREEK ROAD SUITE 700
FT LAUDERDALE, FL 33309

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000131190
04/26/04 00146 010 159.00

10. OFFICERS AND DIRECTORS

TITLE	DCEO
NAME	JANKE, WALTER
STREET ADDRESS	1175 US HWY 1
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	COO
NAME	JANKE, LALITA
STREET ADDRESS	1175 5 US HWY 1
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered.

SIGNATURE: Walter H. Janke, MD Date: 04-19-04 Daytime Phone #: 772-410-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR