## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2005 8:00 am Secretary of State

DOCUMENT # P02000094598  1. Enlity Name DOCTORS HEALTH GROUP OF SOUTH FLORIDA, INC.						04-11-2005 90	0147 002 ***150	).00
Principal Place of Business 10081 PINES BLVD., SUITE D PEMBROKE PINES, FL 33024  Mailing Address 10081 PINES BLVD., SUITE D PEMBROKE PINES, FL 33024								
2. Principal Pl	lace of Business	3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04042005	Chg-P	CR2E004 (10/03	ì
City & State		City & State			4. FEI Number 04-373			Applied For Not Applicable
Zip		Zip	Country	· =================================	· · -	of Status Desired	\$8.75 A Fee Requi	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
GOLDBERG, MARK ESQ. 5400 S. UNIVERSITY DRIVE, SUITE #601 DAVIE, FL 33328				Name Street Address (P.O. Box Number is Not Acceptable)				
	^		-	City			FL Zip Co	ode
8. The above named entity suborns this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, bytecto primed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
	Signature, typed 6- printed name of regulared agent a	nd little if applicable. (NO it	t,: Hegistered A	agent signature required	o wnen reinstating)	<b></b>	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  Adde								
10.	I OFFICERS AND (		11.	<del></del>			ICERS AND DIRECTO	
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STREET ADDRESS				ADDRESS		Page	= =====================================	6
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NAME .	ALVAREZ, NELSY	•	NAME					
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	and the thousand in Paramina an applied with	this flike does not suglify to			notion 110 02/01	(i) Flades Charles	Livethan and the state	a information
12. I hereby certify that the information supplied with this flifting 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 of the receiver or true see 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.								