

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000094598

FILED
Jun 30, 2005
Secretary of State

Entity Name: DOCTORS HEALTH GROUP OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

10081 PINES BLVD., SUITE D
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

10081 PINES BLVD., SUITE D
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 04-3732204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDBERG, MARK ESQ.
5400 S. UNIVERSITY DRIVE, SUITE #601
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BASTO, JUAN C
Address: 10081 PINES BLVD #D
City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR () Change (X) Addition
Name: CUZMAR, J E
Address: 10081 PINES BLVD #D
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: J CUZMAR

TR

06/30/2005

Electronic Signature of Signing Officer or Director

Date