

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000094598

FILED
Apr 21, 2003
Secretary of State

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

Current Principal Place of Business:

1701 NW 123 AVENUE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

1701 NW 123 AVENUE
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 04-3732204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALVAREZ, MARIA
10305 BERMUDA DRIVE
COOPER CITY, FL 33026 US

Name and Address of New Registered Agent:

ALVAREZ, MARIA
1701 NW 123RD AVENUE
PEMBROKE PINES, FL 33026 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: MARIA ALVAREZ

Electronic Signature of Registered Agent

04/21/2003

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BASTO, JUAN C
Address: 10305 BERMUDA DRIVE
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BASTO, JUAN C
Address: 1701 NW 123RD AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026

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: JUAN BASTO

Electronic Signature of Signing Officer or Director

PD

04/21/2003

Date