


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000159965**  
1. Entity Name  
**DOCTORS HEALTH PLAN, INC.**



Principal Place of Business  
**300 SOUTH PARK RD.  
HOLLYWOOD, FL 33021**

Mailing Address  
**2828 CROASDAILE DR.  
DURHAM, NC 27705**



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4229812** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**COHEN, GERALD M  
300 SOUTH PARK RD.  
HOLLYWOOD, FL 33021**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

U00000669116  
03/27/07-80057-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	WEGNER, ANITA S
STREET ADDRESS	2828 CROASDAILE DR.
CITY-ST-ZIP	DURHAM, NC 27705
TITLE	PD
NAME	SCOTT, STEVEN M M.D.
STREET ADDRESS	2828 CROASDAILE DR
CITY-ST-ZIP	DURHAM, NC 27705
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Anita S. Wegner Anita S. Wegner, Treas. 03-16-07 919-425-1500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #