

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740535 (0)
1. Corporation Name
DOC, INC.

FILED
Aug 27 1997 8:00am
Secretary of State



Principal Place of Business Mailing Address
% KURZBAN, KURZBAN & WEINGER % KURZBAN, KURZBAN & WEINGER
2650 S.W. 27TH AVE. 2ND FLOOR 2650 S.W. 27TH AVE. 2ND FLOOR
MIAMI FL 33133 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/20/1977		08/12/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-1793431		Not Applicable	
24 Zip		25 Country		5. Certificate of Status Desired		XX \$8.75 Additional Fee Required	
29 Zip		30 Country		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KURZBAN, IRA J., ESQ. 2650 S.W. 27TH AVE. 2ND FLOOR MIAMI FL 33133				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	BLUM, ALAN, MD	1.2 NAME	
STREET ADDRESS	5115 LOCH LOMOND	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	
TITLE	MVD	2.1 TITLE	MVD
NAME	SOLBERG, ERIC J.	2.2 NAME	Solberg, Eric J.
STREET ADDRESS	10702 HOLLY SPRINGS	2.3 STREET ADDRESS	17011 Poplar Hill
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	Houston, TX
TITLE	DC	3.1 TITLE	
NAME	BURCHARD, LUKE MD	3.2 NAME	
STREET ADDRESS	225 RICHARD AVE E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MATTOON IL	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	
NAME	DUNNINGTON, JOEL, M.D.	4.2 NAME	
STREET ADDRESS	1027 WOODBRIDGE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP	
TITLE	DT	5.1 TITLE	
NAME	GOLDSTEIN, ADAM, M.D.	5.2 NAME	
STREET ADDRESS	411 LONG LEAF DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHAPEL HILL NC	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	
TITLE	MVD	2.1 TITLE	MVD
NAME	SOLBERG, ERIC J.	2.2 NAME	Solberg, Eric J.
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CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP	
TITLE	DT	5.1 TITLE	
NAME	GOLDSTEIN, ADAM, M.D.	5.2 NAME	
STREET ADDRESS	411 LONG LEAF DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHAPEL HILL NC	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED Eric Solberg 7/6/97 (11/22/97)

CR2E037 (4/97)