

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006766 (7)**

1. Corporation Name

**THE DOCTOR DIRECTORY, INC.**

Principal Place of Business

**4691 N. UNIVERSITY DR., #327  
CORAL SPRINGS FL 33067**

Mailing Address

**4691 N. UNIVERSITY DR., #327  
CORAL SPRINGS FL 33067**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/23/1996**

4. FEI Number

**65-0698327**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 <b>2836 University Dr.</b>	26 <b>2836 University Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>Coral Springs</b>	27
City & State	City & State
23 <b>Florida</b>	28 <b>Coral Springs, FL</b>
Zip	Zip
24 <b>33065</b>	29 <b>33065</b>
Country	Country
25 <b>US</b>	30 <b>US</b>

9. Name and Address of Current Registered Agent

**BARKER, DAVID  
4691 N. UNIVERSITY DR., #327  
CORAL SPRINGS FL 33067**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**2836 UNIVERSITY DRIVE**

83

84 City

**Coral Springs**

**FL**

85 Zip Code

**33065**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	DC <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BARKER, ROBERT MD</b>	1.2 NAME	<b>DONNELLY, CLIFFORD W.</b>
STREET ADDRESS	<b>121 VIRGINIA RD.</b>	1.3 STREET ADDRESS	<b>6907 West 130th Street</b>
CITY-ST-ZIP	<b>MONTREAT NC 28757</b>	1.4 CITY-ST-ZIP	<b>Overland Park, KS 66209</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BARKER, DAVID K</b>	2.2 NAME	<b>HOURLANI, ELIAS</b>
STREET ADDRESS	<b>7404 PINEWALK DR., S.</b>	2.3 STREET ADDRESS	<b>1420 S. Bayshore Dr. #1103</b>
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	2.4 CITY-ST-ZIP	<b>Miami Florida 33131</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BUFORD, MARK</b>	3.2 NAME	<b>SONNENBERG, MIKE</b>
STREET ADDRESS	<b>125 LESLIE LOCH LANE</b>	3.3 STREET ADDRESS	<b>125 Virginia Rd</b>
CITY-ST-ZIP	<b>COLUMBIA SC 29212</b>	3.4 CITY-ST-ZIP	<b>Montreat NC 28757</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>TEHIVIDJIAN, STEPHAN</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>4131 NW 99TH AVE</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Coral Springs, FL 33065</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>GROBOWSKY, JAY</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>128 Vineyard Rd.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>TRYON, NC, 28782</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**DAVID K. BARKER**

**4-23-98**

**796-4491**

**(954) 796-4491**

CR2E034 (10/97)