2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90030 005 ****50.00

DOCUMENT # L01000020687

1. Entity Name
DOCTORS RESOURCE NETWORK, LLC

Principal Place of Business	Mailing Address
8548 NW 141 TERRACE #602 MIAMI LAKES, FL 33016	8548 NW 141 TERRACE #602 MIAMI LAKES, FL 33016

01252006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
500 THREE ISLAND BLVD.	500 THREE ISLAND BLVD
Suite, Apt. #, etc.: M-27	Suite, Apt. #, etc.: M-27
City & State: HALLANDALE BCH, FL	City & State: HALLANDALE BCH, FL
Zip: 33009 Country: USA	Zip: 33009 Country: USA

4. FEI Number: 01-0555411 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOMINGUEZ, ENRIQUE 8548 NORTHWEST 141 TERRACE SUITE 602 MIAMI LAKES, FL 33016	Name: JESUS ORTIZ Street Address (P.O. Box Number is Not Acceptable): 500 THREE ISLAND BLVD. M-27 City: HALLANDALE BEACH FL Zip Code: 33009

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: [signature] ENRIQUE DOMINGUEZ (MGRM) DATE: 01-25-06

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: ORTIZ, JESUS D STREET ADDRESS: 8548 NW 141 TERRACE #602 CITY-ST-ZIP: MIAMI LAKES, FL 33016	☐ Delete	TITLE: MGRM NAME: ORTIZ, JESUS D. STREET ADDRESS: 500 THREE ISLAND BLVD. M-27 CITY-ST-ZIP: HALLANDALE BCH, FL 33009	☒ Change ☐ Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] ENRIQUE DOMINGUEZ (MGRM) 01-25-06 (786) 417-9116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT

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DOCTORS RESOURCE NETWORK, LLC

2002996

[redacted]

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #