

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020687

FILED  
Jul 22, 2008  
Secretary of State

Entity Name: DOCTORS RESOURCE NETWORK, LLC

## Current Principal Place of Business:

500 THREE ISLAND BLVD  
M-27  
HALLANDALE BEACH, FL 33009

## New Principal Place of Business:

## Current Mailing Address:

500 THREE ISLAND BLVD  
M-27  
HALLANDALE BEACH, FL 33009

## New Mailing Address:

600 THREE ISLAND BLVD  
910  
HALLANDALE BEACH, FL 33009

FEI Number: 01-0555411

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORTIZ, JESUS  
500 THREE ISLAND BLVD  
M-27  
HALLANDALE BEACH, FL 33009 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ORTIZ, JESUS D  
Address: 500 THREE ISLAND BLVD. M-27  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: MGRM ( ) Delete  
Name: GARCIA, LISANDRO  
Address: 500 THREE ISLANDS BLVD M-27  
City-St-Zip: HALLANDALE BEACH, FL 33009

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: GARCIA, LISANDRO  
Address: 600 THREE ISLANDS BLVD 910  
City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LISANDRO GARCIA

MGMR

07/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date