

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90578 017 *****50.00

0053217

DOCUMENT # L01000020687

1. Entity Name

DOCTORS RESOURCE NETWORK, LLC



Principal Place of Business

**17139 SOUTHWEST 49TH PLACE
MIRAMAR FL 33027**

Mailing Address

**17139 SOUTHWEST 49TH PLACE
MIRAMAR FL 33027**

2. Principal Place of Business

**15476 NW 77 COURT
Suite, Apt. #, etc. #610**

3. Mailing Address

**15476 NW 77 COURT
Suite, Apt. #, etc. #610**

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

Zip

33016

Country

Zip

33016

Country

4. FEI Number

01-0555411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **ORTIZ, JESUS D DR.**
STREET ADDRESS **3610 YACHT CLUB DR., #1014**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **MGRM** ☐ Delete
NAME **DOMINGUEZ, ENRIQUE DR.**
STREET ADDRESS **17139 SOUTHWEST 49TH PLACE**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **ORTIZ, JESUS D.**
STREET ADDRESS **15476 NW 77 COURT**
CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **DOMINGUEZ, ENRIQUE**
STREET ADDRESS **15476 NW 77 COURT**
CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 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:

ENRIQUE DOMINGUEZ **4-27-03** **954-478-3312**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)