

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 9:13

DOCUMENT # L04000072741

1. Entity Name
DOCTOR PROFITS, LLC



Principal Place of Business

10300 SOUTHWEST 72ND STREET, SUITE 157
MIAMI, FL 33173

Mailing Address

10300 SOUTHWEST 72ND STREET, SUITE 157
MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

02222006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
56-2484756

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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IN THIS SPACE

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

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TAYLOR, ELVIS
STREET ADDRESS	10300 SOUTHWEST 72ND STREET, SUITE 157
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	MGR
NAME	TAYLOR, MEDEA
STREET ADDRESS	10300 SOUTHWEST 72ND STREET, SUITE 157
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	MGR
NAME	TAYLOR, MARIO
STREET ADDRESS	10300 SOUTHWEST 72ND STREET, SUITE 157
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	S
NAME	TAYLOR, KAREN E
STREET ADDRESS	10300 SOUTHWEST 72ND STREET, SUITE 157
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	S
NAME	TAYLOR, ELVIS E
STREET ADDRESS	10300 SOUTHWEST 72ND STREET, SUITE 157
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600074150726
05/08/06--01016--023 **50.00

600074150726
05/08/06--01016--022 **5.00

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IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04-26-06 305.978.6153