2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: DOCTORS PLUS GROUP, LLC

Current Principal Place of Business:

501 N.W. 179TH AVENUE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

501 N.W. 179TH AVENUE
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OPOLKA, KEVIN S ESQ.
7850 N.W. 146TH STREET, STE. 502
MIAMI LAKES, FL 33016 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
Name: WONG, ANTONIO H., M.D., F.A.A.F.P.
Address: 501 N.W. 179TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM
Name: OPOLKA, KEVIN S ESQ.
Address: 7850 N.W 146TH STREET, SUITE 502
City-St-Zip: MIAMI LAKES, FL 33016

I hereby 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 Statues.

SIGNATURE: ANTONIO WONG MGRM 03/22/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date