

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L 80180**

Entity Name **Doctors Network, Inc.**

Principal Place of Business
**11160 SW 88th St.
 Suite 111
 Miami, FL 33176**

Mailing Address
**11160 S.W. 88th St.
 Suite 111
 Miami, FL 33176**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

650203632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Manzano, Mireya
 11160 S.W. 88th St.
 Miami, FL 33176**

7. Name and Address of New Registered Agent

Name **Edgaro Cespedes**

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

11160 S.W. 88th St.

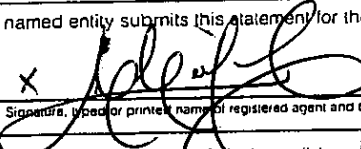
Suite 111

City **Miami, FL**

FL

Zip Code
33176

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/1/02

This corporation is eligible to satisfy the intangible tax filing requirement and elects to do so. ☐
 See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS
 - ZIP
**AVST
 Manzano, Mireya
 11160 SW 88th St., Ste. 11
 Miami, FL 33176** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P/S/D
 Cespedes, Edgaro
 11160 S.W. 88th St., Suite 111
 Miami, FL 33176** ☒ Change ☐ Addition

ADDRESS
 - ZIP
**D
 Manzano, Mireya
 11160 SW 88th St., Ste. 11
 Miami FL 33176** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS
 - ZIP
**D
 Pelayo, Jose
 11160 SW 88th St., Ste. 11
 Miami, FL 33176** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**6000009431796
 12/10/02--01023--011** ☒ Change ☐ Addition

ADDRESS
 - ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS
 - ZIP ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS
 - ZIP ☐ Delete

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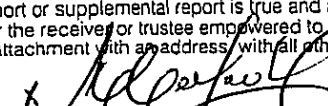
☐ Change ☐ Addition

ADDRESS
 - ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: 

11/1/02

CR2E034 (9/01)