002 UNIFORM BUSINESS REPORT (UBR)

Amended

FILED
02 DEC 10 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L80180

Entity Name: Doctors Network, Inc.

Principal Place of Business	Mailing Address
11160 SW 88 St. Suite 111 Miami, FL 33176	11160 S.W. 88th St. Suite 111 Miami, FL 33176

2. Principal Place of Business	3. Mailing Address
Street Address, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Country / Zip	Country / Zip

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650203632 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Manzano, Mireya 11160 S.W. 88th St. Miami, FL 33176	Name: Edgardo Cespedes Street Address (P.O. Box Number is Not Acceptable): 11160 S.W. 88th St. Suite 111 City: Miami 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: X [signature] 11/1/02
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
☐ Delete PVST Manzano, Mireya 11160 SW 88th St., Ste. 11 Miami, FL 33176	☑ Change ☐ Addition TITLE: P/S/D NAME: Cespedes, Edgardo STREET ADDRESS: 11160 S.W. 88 St., Suite 111 CITY-ST-ZIP: Miami, FL 33176
☑ Delete D Manzano, Mireya 11160 SW 88 St., Ste. 11 Miami FL 33176	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
☑ Delete D Pelayo, Jose 11160 SW 88th St., Ste. 11 Miami, FL 33176	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 000009131795 12/10/02--01023--011 **61.25
☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: X [signature] 11/1/02

CR2E034 (9/01)