2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0200002039

THE LOVE DOCTORS CHARITIES, INC.					FII	_ED			
Principal Place 300 COLORADO SUITE 204 STUART FL 349) AVENUE	Mailing Address 300 COLORADO AVENUE SUITE 204 STUART FL 34994		1181		24 AM II: Ry of Stat An in an		18 (8 11 (18 11	
2. Principal Place of Business 9180 US #wy One POB0× 88 Suite, Apt. #, etc. 3. Mailing Address POB0× 88 Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
Ort State	lucie, FL	Port St. Lucie	,FL	4. FEI NL 03	mber 0426	.782		plied For t Applicable	
34950	2 St. Lucie	34988	Country		cate of Status Des	siled [_]	\$8.75 Add Fee Required		
	6Name and Address of Current	Registered Agent	Name	3 (New Registered	Agent	-	
De					bra A Perdue				
300 COLORADO AVENUE				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 204									
STUART FL 34994					lucie	FL	Zip Code	453	
	named entity submits this statement for	r the purpose of changing its reg	gistered office or r	registered agent, o	r both, in the State	e of Florida. I am	familiar with, a	and accept	
the obligati	ons of registered agent.	'.a				a/ /			
SIGNATURE Deliale, Treasurer 9/17/03									
Signature, typed or printed name of registered agent and title if applicable (MOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 9. Election Campaign Financing Trust Fund Contribution.								:	
					ees	Make Checl Florida Depar	tment of S	tate	
		36.25 Trust Fund Cont	tribution. [Added to F	ees /CHANGES TO C	Florida Depar	tment of S	tate	
After Septe	ember 10, 2003, min will be \$2	36.25 Trust Fund Cont	tribution. [Added to F	ees /CHANGES TO C	Florida Depar	tment of S	tate	
10. TITLE NAME STREET ADDRESS	ember 10, 2003, min will be \$2	Trust Fund Cont	11. TITLE Pres NAME STREET ADDRESS CITY-ST-ZIP	Added to F ADDITIONS Presidev Eugene 9186 US. Port St.	CHANGES TO C E Albrid HWY ON LVCIE,	Florida Depar OFFICERS AND DI OCHT OC OCHT OCHT OCHT OCHT OCHT OCHT O	tment of S	tate	
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: