2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2010
Secretary of State

DOCUMENT# N03000008380

Entity Name: DOCTORS HOSPITAL, INC.

Current Principal Place of Business:

5000 UNIVERSITY DRIVE
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

5000 UNIVERSITY DRIVE
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 04-3775926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIEDMAN, DAVID R
6855 RED ROAD
SUITE 600
CORAL GABLES, FL 33143 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

OFFICERS AND DIRECTORS:

Title: CEO
Name: LAZO, NELSON
Address: 5000 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: C
Name: KENYON, NORMAN M
Address: 5000 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: VC
Name: STOKES, ROBERTA
Address: 5000 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: S
Name: SHUFFIELD, RONALD A
Address: 5000 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: T
Name: BARKER, JAMES
Address: 5000 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NELSON LAZO CEO 03/30/2010

Electronic Signature of Signing Officer or Director — Date