

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90002 032 ***150.00

CR2E034 (9/01)

DOCUMENT # P00000051456

1. Entity Name
DOCTORS CARE HEALTH SERVICES INC

Principal Place of Business Mailing Address
10570 S. FEDERAL AVE **10570 S. FEDERAL AVE**
PORT ST. LUCIE FL 34952 **PORT ST. LUCIE FL 34952**



DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-1011590	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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	
ELLIOTT, PAUL 10570 S. FEDERAL AVE PORT ST. LUCIE FL 34952		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P ELLIOTT, PAUL	NAME	
STREET ADDRESS	6092 SE FEDERAL HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S ELLIOTT, SUZANN	NAME	
STREET ADDRESS	2830 SE FEDERAL HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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: *[Signature]* **SIGNATURE REQUIRED** **1/8/02** Date Daytime Phone #