

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000051456

FILED
Nov 03, 2004
Secretary of State

Entity Name: DOCTORS CARE HEALTH SERVICES INC

Current Principal Place of Business:

1801 NE JENSON BEACH BLVD
JENSEN BEACH, FL 34957

New Principal Place of Business:

1050 S.E. MONTEREY ROAD
202
STUART, FL 34994

Current Mailing Address:

1801 NE JENSON BEACH BLVD
JENSEN BEACH, FL 34957

New Mailing Address:

1050 S.E. MONTEREY ROAD
202
STUART, FL 34994

FEI Number: 65-1011590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIOTT, PAUL
1801 NW JENSEN BEACH BLVD
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

ELLIOTT, PAUL
1050 S.E. MONTEREY ROAD
202
STUART, FL 34994 US

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: PAUL ELLIOTT

11/03/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ELLIOTT, PAUL
Address: 1801 NE JENSEN BEACH BLVD
City-St-Zip: JENSEN BEACH, FL 34957

Title: S () Delete
Name: ELLIOTT, SUZANN
Address: 1801 NE JENSEN BEACH BLVD
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ELLIOTT, PAUL
Address: 1050 S.E. MONTEREY ROAD, 202
City-St-Zip: STUART, FL 34994

Title: S (X) Change () Addition
Name: ELLIOTT, SUZANN
Address: 1050 S.E. MONTEREY ROAD, 202
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL ELLIOTT

P

11/03/2004

Electronic Signature of Signing Officer or Director

Date