

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90385 043 \*\*\*150.00

0603727  
AV

**DOCUMENT # P00000051456**

1. Entity Name  
**DOCTORS CARE HEALTH SERVICES INC**



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

Mailing Address  
**10570 S. FEDERAL AVE  
PORT ST. LUCIE FL 34952**

2. Principal Place of Business

**1801 NE JENSEN BEACH BLVD**

3. Mailing Address

**1801 NE JENSEN BEACH BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**JENSEN BEACH, FL**

City & State

**JENSEN BEACH, FL**

Zip

Country

**34957 U.S.**

Zip

Country

**34957 U.S.**

4. FEI Number **65-1011590**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ELLIOTT, PAUL  
10570 S. FEDERAL AVE  
PORT ST. LUCIE FL 34952**

7. Name and Address of New Registered Agent

Name **ELLIOTT, Paul**  
Street Address (P.O. Box Number is Not Acceptable)

**1801 NE JENSEN BEACH BLVD.**

City **JENSEN BEACH**

FL

Zip Code **34957**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **ELLIOTT, PAUL**  
STREET ADDRESS **6092 SE FEDERAL HIGHWAY**  
CITY-ST-ZIP **STUART FL 34997**

TITLE **S** ☐ Delete  
NAME **ELLIOTT, SUZANN**  
STREET ADDRESS **2830 SE FEDERAL HIGHWAY**  
CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **ELLIOTT, Paul**  
STREET ADDRESS **1801 NE JENSEN BEACH BLVD.**  
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **SECRETARY** ☐ Change ☐ Addition  
NAME **ELLIOTT, SUZANN**  
STREET ADDRESS **1801 NE JENSEN BEACH BLVD.**  
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

**Paul Elliott** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/03**

Date

**(772) 398-1100**

Daytime Phone #

CR2E034 (10/02)