2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000059026

1. Entity Name
THE DOCTORS CENTER HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
9857-4 ST AUGUSTINE ROAD JACKSONVILLE, FL 32257	9857-4 ST AUGUSTINE ROAD JACKSONVILLE, FL 32257

DO NOT WRITE IN THIS SPACE

05032004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3671113
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HASSAN, MAJED B
9857-4 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32257

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000157704
05/06/04-80039-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HASSAN, MAJED B
STREET ADDRESS	9857-4 ST AUGUSTINE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	VD
NAME	HASSAN, PAUL M
STREET ADDRESS	2719 SCOTT MILL LN
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE: PAUL HASSAN 5/3/04 (904)880-9515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #