2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P00000059026

Entity Name: THE DOCTORS CENTER HEALTH SERVICES, INC.

Current Principal Place of Business:

9857 OLD ST AUGUSTINE ROAD
SUITE 4
JACKSONVILLE, FL 32257

New Principal Place of Business:

9803 OLD ST AUGUSTINE ROAD
SUITE 3
JACKSONVILLE, FL 32257

Current Mailing Address:

9857 OLD ST AUGUSTINE ROAD
SUITE 4
JACKSONVILLE, FL 32257

New Mailing Address:

9803 OLD ST AUGUSTINE ROAD
SUITE 3
JACKSONVILLE, FL 32257

FEI Number: 59-3671113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HASSAN, MAJED B
9857-4 OLD ST AUGUSTINE ROAD
JACKSONVILLE, FL 32257 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: 04/15/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HASSAN, MAJED B
Address: 9857-4 ST AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: VSD ( ) Delete
Name: HASSAN, PAUL M
Address: 9489 BEAUCLERC OAKS DR
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HASSAN, MAJED B
Address: 9857-4 OLD ST AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 M HASSAN VSD 04/15/2009
Electronic Signature of Signing Officer or Director — Date