

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059026

FILED
Jan 27, 2010
Secretary of State

Entity Name: THE DOCTORS CENTER HEALTH SERVICES, INC.

Current Principal Place of Business:

9803 OLD ST AUGUSTINE ROAD
SUITE 3
JACKSONVILLE, FL 32257

New Principal Place of Business:

9857 OLD ST AUGUSTINE ROAD
SUITE 4
JACKSONVILLE, FL 32257

Current Mailing Address:

9803 OLD ST AUGUSTINE ROAD
SUITE 3
JACKSONVILLE, FL 32257

New Mailing Address:

9857 OLD ST AUGUSTINE ROAD
SUITE 4
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 OLD ST AUGUSTINE ROAD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: PAUL HASSAN

VSD

01/27/2010

Electronic Signature of Signing Officer or Director

Date