

2003 FOR PROFIT CORPORATION ANNUAL REPORT

192

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -3 AM 8:00

REINSTATEMENT 03-04



| | | | | | |
|---|--|---|---|-----------------------------|----------------|
| DOCUMENT # P00000078930 | | | | | |
| 1. Entity Name DOCTORS HEALTH GROUP N.W. INC. | | | | | |
| Principal Place of Business | | | Mailing Address | | |
| 2. Principal Place of Business 4201 PALM AVE | | | 3. Mailing Address 4201 PALM AVE | | |
| Suite, Apt. #, etc. SUITE 2-A | | | Suite, Apt. #, etc. SUITE 2-A | | |
| City & State HIALEAH, FL | | | City & State HIALEAH, FL. | | |
| Zip 33012 | | Country USA | Zip 33012 | | Country USA |
| 4. FEI Number 65-0485918 | | | 02212004 Chg-P CR2E034 (10/03) <i>MRS</i> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| | | | Name ELBA M. MOR | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 2741 S.W. 136 AVE | | |
| | | | City DAVIE FL Zip Code 33330 | | |
| 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 <i>Elba M. Mor</i> | | ELBA M. MOR | | 2/2/04 | |
| 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, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MOR, ELBA M. 2741 S.W. 136 AVE DAVIE, FL. 33330 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS MOR, EDDIE 2741 S.W. 136 AVE DAVIE, FL 33330 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800037861778 06/11/04--01009--022 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: <i>Elba M. Mor</i> | | ELBA M. MOR | | 2/2/04 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | |

attached

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Elba M. Mor
2741 S.W. 136 AVE
Davie, FL 33330


April 27, 2004

To Whom It May Concern:

This is a brief letter stating that I did not receive the Uniform Business Report for 2003 of my company Doctors Health Group N.W., Inc. Along with this letter you will find my UBR for the year of 2003 and for this year 2004. Also you can find a check for the amount of \$300.00.

I thank you in advance for your help and understanding. If there are any questions please feel free to give me a call at the above number.

Sincerely,


Elba M. Mor