


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P00000078930</b>		
1. Entity Name <b>DOCTORS HEALTH GROUP N.W. INC.</b>		

Principal Place of Business <b>1051 W. 29TH ST., STE 3 HIALEAH, FL 33012</b>	Mailing Address <b>1051 W. 29TH ST., STE 3 HIALEAH, FL 33012</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09222005 REIN-P CR2E098 (6/04)

4. FEI Number <b>65-0485918</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MENDEZ, ANGEL F 1051 W. 29TH ST., STE 3 HIALEAH, FL 33012</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MENDEZ, ANGEL F 1051 W. 29TH ST., STE 3 HIALEAH, FL 33012</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200060707242 10/18/05--01015--005 **150.00</b> <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:**

*Angel F. Mendez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/01/05 (305) 888-9585

FILED  
05 OCT -7 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

