

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117802

Entity Name: DR HEALTHCARE, INC.

FILED
Feb 07, 2004
Secretary of State

Current Principal Place of Business:

10015 BURBANK COURT
SUITE 100
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

10015 BURBANK COURT
SUITE 100
NEW PORT RICHEY, FL 34654

New Mailing Address:

FEI Number: 01-0574638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REISS, HOWARD
10015 BURBANK COURT
NEW PORT RICHEY, FL 34654

Name and Address of New Registered Agent:

REISS, DOROTHY
10015 BURBANK COURT
NEW PORT RICHEY, FL 34654

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: DOROTHY REISS

02/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REISS, DOROTHY
Address: 10015 BURBANK COURT
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: D (X) Delete
Name: REISS, HOWARD
Address: 10015 BURBANK COURT
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: D () Delete
Name: REISS, KENNETH
Address: 7314 AUBURN LANE
City-St-Zip: NEW PORT RICHEY, FL 34654 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOROTHY REISS

PRES

02/07/2004

Electronic Signature of Signing Officer or Director

Date