2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2005
Secretary of State

DOCUMENT# P02000055008

Entity Name: DOCTOR'S OFFICE MANAGEMENT SOLUTIONS, INC.

Current Principal Place of Business:

13014 N DALE MABRY STE 199
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

13014 N DALE MABRY STE 199
TAMPA, FL 33618

New Mailing Address:

FEI Number: 75-3063739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DUROJAIYE, GLORIA
13014 N DALE MABRY STE 199
TAMPA, FL 33618 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: PST ( ) Delete
Name: DUROJAIYE, GLORIA
Address: 1108 COUNTY LINE ROAD W
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: DUROJAIYE, GLORIA
Address: 13014 N DALE MABRY STE. 199
City-St-Zip: TAMPA, FL 33618

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: GLORIA DUROJAIYE MRS 08/05/2005

Electronic Signature of Signing Officer or Director — Date