

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000004919

Entity Name: DOCTORCARE, INC.

FILED
Feb 06, 2004
Secretary of State

Current Principal Place of Business:

1330 CORAL WAY STE 200
MIAMI, FL 33145

New Principal Place of Business:

1330 CORAL WAY
SUITE 200
MIAMI, FL 33145

Current Mailing Address:

1330 CORAL WAY STE 200
MIAMI, FL 33145

New Mailing Address:

1330 CORAL WAY
SUITE 200
MIAMI, FL 33145

FEI Number: 32-0059724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURRIER, MARCIA T
C/O HUNTON & WILLIAMS
1111 BRICKELL AVE STE 2500
MIAMI, FL 33131 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: D () Delete
Name: PITA, JULIO C
Address: 3659 S MIAMI AVE STE 6008
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: GARCIA-ESTRADA, HERMINIO
Address: 2601 SW 37 AVE STE 803
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: COSTA, GABRIEL
Address: 3659 S MIAMI AVE STE 4001
City-St-Zip: MIAMI, FL 33133

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: TANO, RAUL I
Address: 3661 SOUTH MIAMI AVE, SUITE 704
City-St-Zip: MIAMI, FL 33133

Title: D (X) Change () Addition
Name: MAS, RAFAEL J
Address: 3181 CORAL WAY, 5TH FLOOR
City-St-Zip: MIAMI, FL 33145

Title: P () Change (X) Addition
Name: SURUJON-WINER, ESTHER
Address: 920 TYLER STREET
City-St-Zip: HOLLYWOOD, FL 33019

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: ESTHER SURUJON-WINER

P

02/06/2004

Electronic Signature of Signing Officer or Director

Date