

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050349

FILED  
Jul 14, 2004  
Secretary of State

Entity Name: DOCTORS RESOURCE SERVICE OF FLORIDA, INC.

## Current Principal Place of Business:

126 WILSHIRE BLVD  
SUITE 187  
CASSELBERRY, FL 32707

## New Principal Place of Business:

126 WILSHIRE BLVD  
SUITE 179  
CASSELBERRY, FL 32707

## Current Mailing Address:

126 WILSHIRE BLVD  
SUITE 187  
CASSELBERRY, FL 32707

## New Mailing Address:

126 WILSHIRE BLVD  
SUITE 179  
CASSELBERRY, FL 32707

FEI Number: 56-2353593

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALLOCH, DARREN J  
126 WILSHIRE BLVD  
SUITE 187  
CASSELBERRY, FL 32707 US

## Name and Address of New Registered Agent:

WALLOCH, DARREN J  
126 WILSHIRE BLVD  
SUITE 179  
CASSELBERRY, FL 32707 US

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: DARREN J. WALLOCH

07/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WALLOCH, DARREN J  
Address: 126 WILSHIRE BLVD, SUITE 187  
City-St-Zip: CASSELBERRY, FL 32707

Title: VP ( ) Delete  
Name: GLAZER, DAVID  
Address: 13747 MONFORT DRIVE, SUITE 250  
City-St-Zip: DALLAS, TX 75240

Title: TREA ( ) Delete  
Name: GLAZER, MAURICE M  
Address: 13747 MONFORT DRIVE, SUITE 250  
City-St-Zip: DALLAS, TX 75240

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WALLOCH, DARREN J  
Address: 126 WILSHIRE BLVD, SUITE 179  
City-St-Zip: CASSELBERRY, FL 32707

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: DARREN J. WALLOCH

P

07/14/2004

Electronic Signature of Signing Officer or Director

Date