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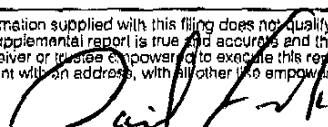
ROBERTFCOHEI

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90450 011 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

14016740

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| <b>DOCUMENT # P03000072252</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                  |                                                        |                                                                   |
| 1. Entity Name<br><b>DOCTORS FOR PATIENTS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |                                                                                                                                         |                                                                   |
| Principal Place of Business<br><b>P O BOX 270652<br/>TAMPA, FL 33688</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                  | Mailing Address<br><b>P O BOX 270652<br/>TAMPA, FL 33688</b>                                                                            |                                                                   |
| 2. Principal Place of Business<br><b>3031 W. CYPRESS ST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                  | 3. Mailing Address<br><b>P.O. Box 270652</b>                                                                                            |                                                                   |
| Suite, Apt. #, etc.<br><b>C</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  | Suite, Apt. #, etc.<br><b>N/A</b>                                                                                                       |                                                                   |
| City & State<br><b>TAMPA, FLORIDA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                  | City & State<br><b>TAMPA, FLORIDA</b>                                                                                                   |                                                                   |
| Zip<br><b>33607</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country<br><b>USA</b>                                                                            | Zip<br><b>33688</b>                                                                                                                     | Country<br><b>USA</b>                                             |
| 4. FEI Number<br><b>74-3097688</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  | Applied For<br><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<br><b>COHEN, ROBERT F<br/>2918 BUSCH LAKE BLVD<br/>TAMPA, FL 33614</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                  |                                                                                                                                         |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                  |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D<br/>FRANK, DAVID<br/>P O BOX 270652<br/>TAMPA, FL 33688</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>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 info empowered. |                                                                                                  |                                                                                                                                         |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                  | Date: <b>April 29, 2004</b> 813.872.0666                                                                                                |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  | Date                                                                                                                                    |                                                                   |