

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072252

FILED
Apr 03, 2007
Secretary of State

Entity Name: DOCTORS FOR PATIENTS, INC.

Current Principal Place of Business:

5121 ERLICH ROAD
SUITE 102-A
TAMPA, FL 33624

New Principal Place of Business:

14643 VILLAGE GLEN CIRCLE
TAMPA, FL 33618

Current Mailing Address:

P O BOX 270652
TAMPA, FL 33688

New Mailing Address:

P O BOX 341484
TAMPA, FL 33694

FEI Number: 74-3097688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, ROBERT F
2918 BUSCH LAKE BLVD
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

DAVID, FRANK D
14643 VILLAGE GLEN CIRCLE
TAMPA, FL 33618 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: DAVID FRANK

04/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FRANK, DAVID
Address: P O BOX 270652
City-St-Zip: TAMPA, FL 33688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FRANK, DAVID D
Address: P O BOX 341484
City-St-Zip: TAMPA, FL 33694

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DAVID FRANK

P

04/03/2007

Electronic Signature of Signing Officer or Director

Date