

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000088413

FILED
Jan 03, 2007
Secretary of State

Entity Name: DOCTORS PLUS MEDICAL CENTER, INC.

Current Principal Place of Business:

501 NW 179 AVENUE
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

501 NW 179 AVENUE
PEMBROKE PINES, FL 33029 US

New Mailing Address:

FEI Number: 13-4281815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WONG, HSIAO
501 NW 179TH AVE
PEMBROKE PINES, FL 33029 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: P () Delete
Name: WONG, ANTONIO H
Address: 501 NW 179 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: SECR () Delete
Name: WONG, HSIAO
Address: 501 NW 179 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: HEIDI WONG

SECR

01/03/2007

Electronic Signature of Signing Officer or Director

Date