

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90145 039 ***150.00

DOCUMENT # P04000093772

1. Entity Name
DOCTORS ER SERVICES, INC.



Principal Place of Business C/O SPENCER AND KLEIN, P.A. TWO ALHAMBRA PLAZA PENTHOUSE 11B CORAL GABLES, FL 33134	Mailing Address C/O SPENCER AND KLEIN, P.A. TWO ALHAMBRA PLAZA PENTHOUSE 11B CORAL GABLES, FL 33134
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2. Principal Place of Business 3191 Coral Way	3. Mailing Address 3191 Coral Way
Suite, Apt. #, etc. Suite 303	Suite, Apt. #, etc. Suite 303
City & State Miami, Florida	City & State Miami, Florida
Zip 33145	Zip 33145
Country USA	Country USA

01052005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1529161	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KLIEN, BRENT D
C/O SPENCER AND KLEIN, P.A.
TWO ALHAMBRA PLAZA PENTHOUSE 11B
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> Delete
NAME KLIEN, BRENT D	
STREET ADDRESS TWO ALHAMBRA PLAZA PENTHOUSE 11B	
CITY-ST-ZIP CORAL GABLES, FL 33134	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Jose J. Armas	
STREET ADDRESS 3191 Coral Way	
CITY-ST-ZIP Miami, FL 33145	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 like empowered.

SIGNATURE: **Jose J. Armas, President** Date _____ Daytime Phone # **305-461-6060**