

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90012 042 ***150.00

DOCUMENT # P04000093772

1. Entity Name
DOCTORS ER SERVICES, INC.



Principal Place of Business

3791 CORAL WAY 4960 SW 72nd Ave
SUITE 303 Ste 304
MIAMI, FL 33145 Miami FL 33155
New address

Mailing Address

3791 CORAL WAY 4960 SW 72nd Ave
SUITE 303 Ste 304
MIAMI, FL 33145 Miami FL 33155
New address

40015900



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1529161

Applied For
Not Applicable

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 IIB
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARMAS, JOSE J
STREET ADDRESS	3791 CORAL WAY
CITY - ST - ZIP	MIAMI, FL 33145- New address
TITLE	4960 SW 72nd Ave #304
NAME	
STREET ADDRESS	Miami FL 33155
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07

Date

305 661-1161

Daytime Phone #