


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90033 005 ***150.00

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|--|---|---|---|---|--|
| DOCUMENT # P04000093772 1. Entity Name DOCTORS ER SERVICES, INC. | | | |  | |
| Principal Place of Business 4960 SW 72ND AVE. SUITE 209 MIAMI, FL 33155 | | | Mailing Address 4960 SW 72ND AVE. SUITE 304 MIAMI, FL 33155 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. 209 | | Suite, Apt. #, etc. 209 | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 02082008 Chg-P CR2E034 (12/06) | |
| 4. FEI Number 20-1529161 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$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 | | | 7. Name and Address of New Registered Agent Name Brent Klein Street Address (P.O. Box Number is Not Acceptable) 101 BRICKELL AVE SUITE 1900 City MIAMI FL Zip Code 33131 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing... <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ARMAS, JOSE J 4860 SW 72ND AVE #304 MIAMI, FL 33155 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Jose S Armas 4960 SW 72nd Ave #209 Miami, FL 33155 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |