

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000093772

**FILED**  
**Nov 12, 2010**  
**Secretary of State**

**Entity Name:** DOCTORS ER SERVICES, INC.

**Current Principal Place of Business:**

4960 SW 72ND AVE.  
SUITE 209  
MIAMI, FL 33155

**New Principal Place of Business:**

1321 NW 14 STREET  
SUITE 405  
MIAMI, FL 33125

**Current Mailing Address:**

4960 SW 72ND AVE.  
SUITE 209  
MIAMI, FL 33155

**New Mailing Address:**

1321 NW 14 STREET  
SUITE 405  
MIAMI, FL 33125

**FEI Number:** 20-1529161

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KLIEN, BRENT D  
701 BRICKELL AVE  
STE 1900  
MIAMI, FL 33131 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:** BRENT KLEIN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** ARMAS, JOSE J  
**Address:** 4960 SW 72ND AVE STE 406  
**City-St-Zip:** MIAMI, FL 33155

I hereby 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 all other like empowered.

**SIGNATURE:** JOSE J. ARMAS

PD

11/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date