

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000037666

Entity Name: DOCTORS CCU SERVICES, INC.

FILED  
Jan 17, 2006  
Secretary of State

## Current Principal Place of Business:

2 ALHAMBRA PLAZA PH IIB  
CORAL GABLES, FL 33134

## New Principal Place of Business:

PO BOX 266211  
WESTON, FL 333266211

## Current Mailing Address:

2 ALHAMBRA PLAZA PH IIB  
CORAL GABLES, FL 33134

## New Mailing Address:

PO BOX 266211  
WESTON, FL 333266211

FEI Number: 20-2481847

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KLEIN, BRENT D  
2 ALHAMBRA PLAZA PH IIB  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

KLEIN, BRENT D  
701 BRICKELL AVENUE  
MIAMI, FL 33131 US

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:

01/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KLEIN, BRENT D  
Address: 2 ALHAMBRA PLAZA PH IIB  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LUDWIG, WILLIAM  
Address: PO BOX 266211  
City-St-Zip: WESTON, FL 333266211

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: WILLIAM LUDWIG

D

01/17/2006

Electronic Signature of Signing Officer or Director

Date