2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2007
Secretary of State

DOCUMENT# P06000094264

Entity Name: DOCTORS MEDICAL SOURCE, INC.

Current Principal Place of Business:

2200 NE 33RD AVENUE SUITE 8H
FT LAUDERDALE, FL 33305

New Principal Place of Business:

3359 LAKESIDE DRIVE
DAVIE, FL 33328

Current Mailing Address:

2200 NE 33RD AVENUE SUITE 8H
FT LAUDERDALE, FL 33305

New Mailing Address:

3359 LAKESIDE DRIVE
DAVIE, FL 33328

FEI Number: 20-5223934 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SPALDIN, TODD F
Address: 2200 NE 33RD AVENUE SUITE 8H
City-St-Zip: FT LAUDERDALE, FL 33305

Title: VPTD (X) Delete
Name: SPALDING, ERIC J
Address: 2200 NE 33RD AVENUE SUITE 8H
City-St-Zip: FT LAUDERDALE, FL 33305

Title: S (X) Delete
Name: SPALDING, ALEJANDRA P
Address: 2200 NE 33RD AVENUE SUITE 8H
City-St-Zip: FT LAUDERDALE, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SPALDING, TODD F
Address: 3359 LAKESIDE DRIVE
City-St-Zip: DAVIE, FL 33328

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TODD SPALDING PD 05/19/2007

Electronic Signature of Signing Officer or Director — Date