2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2012
Secretary of State

DOCUMENT# P11000070042

Entity Name: DREAM TEAM DOCTORS, INC

Current Principal Place of Business:

1000 W. MCNAB RD.
SUITE 325
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1000 W. MCNAB RD.
SUITE 325
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 45-2917450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALABRIA, RICHARD A
1000 W. MCNAB RD., STE 325
POMPANO BEACH, FL 33069 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

OFFICERS AND DIRECTORS:

Title: DIR
Name: CALABRIA, RICHARD A
Address: 1000 W. MCNAB RD. SUITE 325
City-St-Zip: POMPANO BEACH, FL 33069

Title: PRES
Name: CALABRIA, RICHARD A
Address: 1000 W MRCNAB RD STE 325
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: SECY
Name: CALABRIA, RICHARD A
Address: 1000 W MCNAB RD STE 325
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: TREA
Name: CALABRIA, RICHARD A
Address: 1000 W MCNAB RD STE 325
City-St-Zip: POMPANO BEACH, FL 33069 US

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: RICHARD A. CALABRIA PRES 03/21/2012

Electronic Signature of Signing Officer or Director — Date