

P12000020707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

reinstatement —
corp was dissolved
for failure to
maintain a
registered agent

Office Use Only



200239356102

reinstatement

09/10/12--01005--008 **35.00

10/17/12--01003--002 **800.00

FILED
2012 OCT 16 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PR
10/17/12

COVER LETTER

TO: Amendment Section
Division of Corporations

DOCTORS TV NETWORK, INC.

SUBJECT: _____
Name of Corporation
P12000020707

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FREDRIC DURHAM

Name of Contact Person
DOCTORS TV NETWORK, INC.

Firm/Company
1125 NE 125TH ST #101

Address
NORTH MIAMI, FL 33161

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FREDRIC DURHAM _____ at (**877**) **777-3735**
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2012

Frederic Durham
Doctors TV Network, Inc.
1125 NE 125th St #101
North Miami, FL 33161

SUBJECT: DOCTORS TV NETWORK INC.
Ref. Number: P12000020707

We have received your document for DOCTORS TV NETWORK INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The subject entity was administratively dissolved for failure to maintain a registered agent. To reinstate the corporation please resubmit the registered agent change form and an additional check for \$600.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 812A00023065

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent or both in the State of Florida.

DOCTORS TV-NETWORK, INC.

1. The name of the corporation: 1125 NE 125TH ST #101
2. The principal office address: _____
3. The mailing address (if different): _____
P12000020707
4. Date of incorporation/qualification: _____ Document number: _____

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RESIGNED

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

FREDRIC DURHAM

1125 NE 125TH ST #101

P.O. Box NOT acceptable

NORTH MIAMI, FL 33161

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, if the corporation has been notified in writing of the change.

Signature of an officer or director

FREDRIC DURHAM, CEO

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

7/30/12
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

FILED
2012 OCT 16 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA