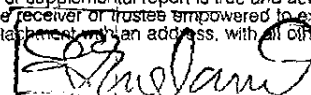


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000014878 1. Entity Name DOCTORS LICENSURE GROUP, INC.																																							
Principal Place of Business 5365 W NINE MILE ROAD PENSACOLA FL 32526		Mailing Address P.O. BOX 7029 PENSACOLA FL 32534 US																																					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																					
4. FEI Number 59-3298835		Applied For ☐ Not Applicable																																					
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent CADER, LICIA 6572 MEMPHIS AV PENSACOLA FL 32526		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																					
8. 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. I am familiar with, and accept, the obligations of registered agent. SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> P ENGLAND, BARBARA J 5365 W 9 MILE RD PENSACOLA FL 32526 </td> <td style="width:20%; text-align: right;"> ☐ Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENGLAND, BARBARA J 5365 W 9 MILE RD PENSACOLA FL 32526	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> U000000398601 01/31/06-80007-018 158.75 </td> <td style="width:20%; text-align: right;"> ☐ Change ☐ Add </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000398601 01/31/06-80007-018 158.75	☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																							
SIGNATURE: 		01/19/2006 (850) 941105																																					