

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000014878

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: DOCTORS LICENSURE GROUP, INC.

**Current Principal Place of Business:**

5365 W NINE MILE ROAD  
PENSACOLA, FL 32526

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7029  
PENSACOLA, FL 32534 US

**New Mailing Address:**

FEI Number: 59-3298835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAAS, MARGARET E  
5365 WEST NINE MILE ROAD  
PENSACOLA, FL 32526 US

**Name and Address of New Registered Agent:**

MOBLEY, CAROL L  
5365 WEST NINE MILE ROAD  
PENSACOLA, FL 32526 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: CAROL L. MOBLEY

02/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ENGLAND, BARBARA J  
Address: 5365 WEST NINE MILE ROAD  
City-St-Zip: PENSACOLA, FL 32526

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: BARBARA J. ENGLAND

PRES

02/25/2009

Electronic Signature of Signing Officer or Director

Date