

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90216 033 \*\*\*150.00

**DOCUMENT # P95000035360**

**1. Entity Name**  
**DORSEY CONSULTANT GROUP, INC.**



**Principal Place of Business**  
C/O JOSEPH DORSEY, M.D.  
1161 SO. SOUTHLAKE DRIVE  
HOLLYWOOD, FL 33019 US

**Mailing Address**  
C/O JOSEPH DORSEY, M.D.  
1161 SO. SOUTHLAKE DRIVE  
HOLLYWOOD, FL 33019 US

**66424439**



04132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
65-0639867

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

DORSEY, JOSEPH E M.D.  
1161 S SOUTHLAKE DR  
HOLLYWOOD, FL 33019

**DO NOT WRITE  
IN THIS SPACE**

**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)

**DATE**

**FILE NOW!!! FEE IS \$160.00**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D
<b>NAME</b>	DORSEY, JOSEPH E
<b>STREET ADDRESS</b>	1161 S SOUTHLAKE DR
<b>CITY-ST-ZIP</b>	HOLLYWOOD, FL 33019 omit
<b>TITLE</b>	DORSEY, HARILYN S, Pres
<b>NAME</b>	1161 S SOUTHLAKE DR. Sec
<b>STREET ADDRESS</b>	HOLLYWOOD, FL 33019 Treas.
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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**

*Harilyn S. Dorsey, Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
HARILYN S. DORSEY, PRES

4/24/04 (954)  
923-0000  
Date Daytime Phone #