


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90191 003 ***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
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14004648



03292005 No Chg-P CR2E034 (10/03)

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4. FEI Number 65-0639857	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DORSEY, MARILYN S 1161 S SOUTHLAKE DR HOLLYWOOD, FL 33019
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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: Marilyn S. Dorsey Pres. 4/24/05 (954) 923-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MARILYN S. DORSEY, PRES.