2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000035360

1. Entity Name
DORSEY CONSULTANT GROUP,, INC.

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

DO NOT WRITE IN THIS SPACE

02072008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0639857	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 $150.00** | 9. Election Campaign Financing | **$5.00** May Be |
| **After May 1, 2008 Fee will be $550.00** | Trust Fund Contribution. ☐ | Added to Fees |

10.   OFFICERS AND DIRECTORS

TITLE	PST
NAME	DORSEY, MARILYN S
STREET ADDRESS	1161 S SOUTHLAKE DR
CITY-ST-ZIP	HOLLYWOOD, FL 33019

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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_   4/7/08   (954) 923-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #