

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P97000109215 (8)
 1. Corporation Name
DOCTORS PROPERTIES, INC.



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| Principal Place of Business 7210 AVRSHIRE LANE BOCA RATON FL 33433 | Mailing Address 7210 AVRSHIRE LANE BOCA RATON FL 33433 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | |
|--|---|--|---|---|
| 2. Principal Place of Business 21 910 E. Palmetto Park Rd. | | 2a. Mailing Address 26 7210 Ayreshire Lane | | 3. Date Incorporated or Qualified 12/31/1997 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 22 | 23 City & State Boca Raton FL | 27 | 28 City & State Boca Raton FL | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 Zip 33432 | 25 Country Palm Beach | 29 Zip 33496 | 30 Country Palm Beach | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | | | |
|---|-----------|-------------|--|
| 10. Name and Address of New Registered Agent | | | |
| 81 Name | | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 83 | | | |
| 84 City | FL | 85 Zip Code | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREENBERG, STEWART | 1.2 NAME | |
| STREET ADDRESS | 7210 AVRSHIRE LANE | 1.3 STREET ADDRESS | 7210 Ayreshire Lane |
| CITY-ST-ZIP | BOCA RATON FL 33433 | 1.4 CITY-ST-ZIP | Boca Raton, FL 33496 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | 900002501475 |
| STREET ADDRESS | | 6.3 STREET ADDRESS | -04/27/98--01081--025 |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | ***150.00 |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Stewart Greenberg* **STEWART GREENBERG** **4/15/98**

CR2E034 (10/97)