
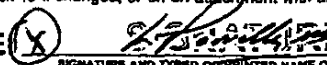


FILED
Sep 02, 1999 8:00 am
Secretary of State

09-02-1999 90001 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000014669 1. Corporation Name PROFESSIONAL DOCTORS SERVICES, INC.					
Principal Place of Business 8585 SUNSET DRIVE #45 MIAMI FL 33143			Mailing Address 8585 SUNSET DRIVE #45 MIAMI FL 33143		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 02/13/1998					
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 65-0819296	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Country 25		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 29		Country 30		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ALFARO, ROSARIO M 8585 SUNSET DRIVE #45 MIAMI FL 33143			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D	NAME PORRELLO, LUCAS	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 8585 SUNSET DRIVE #45			1.2 NAME		
CITY-ST-ZIP MIAMI FL 33143			1.3 STREET ADDRESS		
TITLE D	NAME ALFARO, ROSARIO M	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 8585 SUNSET DRIVE #45			2.2 NAME		
CITY-ST-ZIP MIAMI FL 33143			2.3 STREET ADDRESS		
TITLE <input type="checkbox"/> DELETE			2.4 CITY-ST-ZIP		
NAME			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE <input type="checkbox"/> DELETE			3.4 CITY-ST-ZIP		
NAME			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE <input type="checkbox"/> DELETE			4.4 CITY-ST-ZIP		
NAME			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE <input type="checkbox"/> DELETE			5.4 CITY-ST-ZIP		
NAME			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 			_____ <small>DATE</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

CR2E034 (5/99)

PDS

Professional Doctors Services
8585 Sunset Drive Suite 45 ~ Miami, Fl. 33143 ~ USA
Phone 305-279-7770 ~ Fax 305-279-7867

P98000014669
612049-90001-7

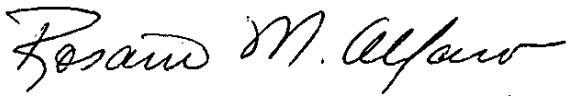
August 24, 1999

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL. 32314

Dear Sir,

Professional Doctors Services has recently received a letter from your office indicating a late fee of \$400.00.
Please be advised that the following form was not received until mid- June 1999. We are asking to please have the \$400.00 late fee waived. Enclosed you will find a check in the amount of \$150.00 that was originally due.

Thank You,



Rosario M. Alfaro