

Sep 22, 2002 8:00 am
Secretary of State

08-29-2002 90003 037 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000015134

1. Entity Name

DOCTOR RECOMMENDED, INC.

99804

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20161 NE 16th Place3. Mailing Address
20161 NE 16th PlaceSuite, Apt. #, etc.
#1Suite, Apt. #, etc.
#1

DO NOT WRITE IN THIS SPACE

City & State
Miami FLCity & State
Miami FL4. FEI Number
65-0195329Applied For
Not ApplicableZip
33179Country
USAZip
33179Country
USA5. Certificate of Status Desired ☐ \$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Steven HoffmanStreet Address (P.O. Box Number is Not Acceptable)
20161 NE 16th Place #1City Miami FL Zip Code 33179

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Steven H. Hoffman 20161 NE 16th Place #1 Miami FL 33179	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/2002


Date

305-770-2616

Daytime Phone #

CR2E034B (12/01)

 **DRecommended, Inc.**

Al Hadornoff 99804


August 26, 2001

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

After speaking with Steven in the State of Florida/UBR Division, please find enclosed our check for the annual report/uniform business report for Doctor Recommended, Inc.

The recent change of location of our office obviously accounts for our not receiving the form for filing prior to this time.

Please make note of our new address in your records.

Very truly ours,

DR RECOMMENDED, INC.



Steven H. Hoffman
President

SHH/cfc

Enclosure

20161 NE 16th Place
Suite #1
Miami FL 33179

Phone: 305-770-2616
Fax: 305-770-2617