

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000084702

**FILED**  
**Jan 17, 2006**  
**Secretary of State**

**Entity Name:** DOCTOR'S RESOURCE GROUP, INC.

**Current Principal Place of Business:**

490 JAMES RIVER RD.  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 847  
GULF BREEZE, FL 325620847 US

**New Mailing Address:**

FEI Number: 63-1234842

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEADE, JOHN L MD  
490 JAMES RIVER RD.  
GULF BREEZE, FL 32561 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPC ( ) Delete  
Name: MEADE, JOHN L M.D.  
Address: 490 JAMES RIVER RD.  
City-St-Zip: GULF BREEZE, FL 32561

Title: DTS ( ) Delete  
Name: WRIGHT, GARY D M.D.  
Address: 490 JAMES RIVER RD.  
City-St-Zip: GULF BREEZE, FL 32561

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DTS (X) Change ( ) Addition  
Name: WRIGHT, GARY D M.D.  
Address: 25937 RAVENWOOD CIRCLE  
City-St-Zip: DAPHNE, AL 36526

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN L. MEADE, MD

DPC

01/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date