

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # K22378 (9)

95 FEB 10 AM 11:40

1. Corporation Name
PATIENT ELIGIBILITY RECOVERY SYSTEMS, INC.

Principal Place of Business Mailing Address
**% JEFFREY S. KRAMER
7000 S.W. 62ND AVE. S-500
S. MIAMI FL 33143**
**C/O JEFFREY S. KRAMER
7000 SW 62ND AVE. S-500
S. MIAMI FL 33143
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/03/1988** 3a. Date of Last Report **02/17/1994**
4. FEI Number **65-0101711** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **7466 W. 18th Av** 26 **7466 W. 18th Av**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
HIALEAH LAKES FL **HIALEAH LAKES FL**
24 **33044** 25 **USA** 29 **33044** 30 **USA**

9. Name and Address of Current Registered Agent
**KRAMER, JEFFREY S ESO
RASSNER, RASSNER, KRAMER & GOLD, PA
7000 SW 62ND AVENUE, SUITE PH-B
SOUTH MIAMI FL 33143**

10. Name and Address of New Registered Agent
81 Name **KRAMER, JEFFREY S.**
82 Street Address (P.O. Box Number is Not Acceptable) **BRITAN # KRAMER, P.A.**
83 **7700 SW 88 ST - STE 803**
84 City **MIAMI** 85 Zip Code **FL 33156**

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 _____ (Signature typed or printed name of registered agent and title of applicant) (NOTE: Registered Agent Signature required when name is changed) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SATIN, JUDI
STREET ADDRESS	12212 S.W. 110TH LN.
CITY-ST-ZIP	MIAMI FL
TITLE	ST
NAME	KOCH, DIANA B.
STREET ADDRESS	7466 W. 18TH AVE.
CITY-ST-ZIP	HIALEAH LAKES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Judi Satin* **JUDI SATIN** 1-13-95 (305) 362 7162
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR