


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0090584

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 OCT 28 AM 10:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # **K22378 (9)**
 1. Corporation Name **PATIENT ELIGIBILITY RECOVERY SYSTEMS, INC.**

Principal Place of Business 7466 W 18TH AVE HIALEAH FL 33044 US	Mailing Address 7466 W 18TH AVE HIALEAH FL 33044 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 68 Forest Circle Suite, Apt. #, etc.	2a. Mailing Address 26 68 Forest Circle Suite, Apt. #, etc.	3. Date Incorporated or Qualified 05/03/1988	4. FEI Number 65-0101711 Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23 City & State Cooper City, FL	28 City & State Cooper City, FL	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	
24 Zip 33026	25 Country USA	29 Zip 33026	30 Country USA

9. Name and Address of Current Registered Agent
Kramer, Jeffrey S.
Britan & Kramer, PA
7700 SW 88th St., Ste. 803
Miami, FL 33156

10. Name and Address of New Registered Agent
 81 Name
CORPDIRECT AGENTS
 82 Street Address (P.O. Box Number Is Not Acceptable)
103 N. MERIDAN STREET
 83
LOWER LEVEL
 84 City
TALLAHASSEE FL 85 Zip Code
32301

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]* **Agent for CORPDIRECT AGENTS** 10-28-98 DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SATIN, JUDI 12212 S.W. 110TH LN. MIAMI FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KOCH, DIANA B. 7466 W. 18TH AVE. HIALEAH LAKES FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	REINSTATEMENT 98	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	STD Koch, Diana B. 7466 W. 18th Ave. Hialeah Lakes, Fl	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	600002679566--0 -11/03/98--01093--008 ***750.75 ***750.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	B 10/29/98	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: *[Signature]* **REINSTATEMENT REQUIRED** *[Signature]* **Aug 5, 1998** 305-362-7162

CR2E034 (5/98)