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**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90025 023 \*\*\*158.75



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **K22378**

1. Corporation Name  
**PATIENT ELIGIBILITY RECOVERY SYSTEMS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 68 FOREST CIRCLE COOPER CITY FL 33026 US	Mailing Address 68 FOREST CIRCLE COOPER CITY FL 33026 US
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3. Date Incorporated or Qualified <b>05/03/1988</b>	4. FEI Number <b>65-0101711</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.	23. City & State	24. Zip	25. Country	26. City & State	27. Zip	28. Country
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9. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS**  
**103 N. MERIDAN STREET**  
**LOWER LEVEL**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name **DIANA B. KOCH**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**68 FOREST CIRCLE**  
 84 City **COOPER CITY** FL 85 Zip Code **33026**

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 *Diana B. Koch CEO, STD* DATE *1/6/99*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SATIN, JUDI	1.2 NAME	SATIN, JUDI
STREET ADDRESS	12212 S.W. 110TH LN.	1.3 STREET ADDRESS	12207 PASEO WAY
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	STD	2.1 TITLE	STD
NAME	KOCH, DIANA B.	2.2 NAME	KOCH, DIANA B.
STREET ADDRESS	7466 W. 18TH AVE.	2.3 STREET ADDRESS	68 FOREST CIRCLE
CITY-ST-ZIP	HIALEAH LAKES FL	2.4 CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		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)(i), 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, with all other like empowered.

SIGNATURE: *Diana B. Koch CEO, STD* DATE *1/6/99* DAYTIME PHONE # *954-443-3590*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)