

**2000 UNIFORM BUSINESS REPORT (UBR)**

*Amended*

DOCUMENT # **K22378**

1. Entity Name

PATIENT ELIGIBILITY RECOVERY SYSTEMS, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 23 PM 3:17

Principal Place of Business 68 Forest Circle Cooper City, FL 33026	Mailing Address 68 Forest Circle Cooper City, FL 33026
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2. Principal Place of Business 12207 Paseo Way Suite, Apt. #, etc.	3. Mailing Address 12207 Paseo Way Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Cooper City, FL	City & State Cooper City, FL	4. FEI Number 65-0101711	Applied For <input type="checkbox"/> Not Applicable
Zip 33026	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Diana B. Koch  
68 Forest Circle  
Cooper City, FL 33026

7. Name and Address of New Registered Agent

Name Alan C. Gold, Esquire  
Street Address (P.O. Box Number is Not Acceptable)  
1320 South Dixie Highway  
Suite 870  
City Coral Gables, FL Zip Code 33146

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]* Alan C. Gold, Registered Agent June 6, 2000  
Signature must be printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

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

**FILE NOW!!! FEES: \$150.00**  
**After MAY 11 2000, Fee will be \$550.00**  
**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, DIRECTOR JUDI SATIN 12207 Paseo Way Cooper City, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIANA KOCH SECRETARY, TREASURER, DIRECTOR 68 Forest Circle Cooper City, FL 33026	<input checked="" 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT, SECRETARY TREASURER, DIRECTOR 12207 Paseo Way Cooper City, FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	700003321447-2 -07/12/00--01088--003 *****61.25 *****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDI SATIN, PRESIDENT *[Signature]*