

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K22378

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: PATIENT ELIGIBILITY RECOVERY SYSTEMS, INC.

**Current Principal Place of Business:**

12207 PASEO WAY  
COOPER CITY, FL 33026 US

**New Principal Place of Business:**

**Current Mailing Address:**

12207 PASEO WAY  
COOPER CITY, FL 33026 US

**New Mailing Address:**

FEI Number: 65-0101711      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KRAMER, JEFFREY ESQ  
7700 SW 88 ST  
#510  
MIAMI, FL 33156 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: PRES ( ) Delete  
Name: SATIN, JUDI  
Address: 12207 PASEO WAY  
City-St-Zip: COOPER CITY, FL 33026

Title: ED ( ) Delete  
Name: RASSNER, DEBRA  
Address: 350 ALEXANDRA CIRCLE  
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete  
Name: RASSNER, GLENN  
Address: 350 ALEXANDER CIRCLE  
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete  
Name: RASSNER, DAYNA  
Address: 8373 WATERFORD CIRCLE  
City-St-Zip: TAMARAC, FL 33321

Title: ID (X) Delete  
Name: RASSNER, SAMANTHA  
Address: 350 ALEXANDRA CIRCLE  
City-St-Zip: WESTON, FL 33326

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JUDI SATIN

Electronic Signature of Signing Officer or Director

PRES

01/19/2009

\_\_\_\_\_ Date