

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K22378

FILED
Jan 04, 2010
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
Name: SATIN, JUDI
Address: 12207 PASEO WAY
City-St-Zip: COOPER CITY, FL 33026

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JUDI SATIN

_____ Electronic Signature of Signing Officer or Director

PRES

01/04/2010

_____ Date