

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K22378

FILED  
Jan 04, 2012  
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

**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: 7731 SALEM LN  
City-St-Zip: PARKLAND, FL

Title: D  
Name: RASSNER, GLENN  
Address: 7731 SALEM LN  
City-St-Zip: PARKLAND, FL

Title: D  
Name: RASSNER, DAYNA  
Address: 351 LAKE CREST CT  
City-St-Zip: WESTON, FL 33326

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

PRES

01/04/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date