

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005328

FILED  
Jun 25, 2009  
Secretary of State

Entity Name: LAWYERS' RECOVERY SERVICE, INC.

## Current Principal Place of Business:

555 BROAD HOLLOW RD  
SUITE 214  
MELVILLE, NY 11747

## New Principal Place of Business:

## Current Mailing Address:

4940 MERRICK RD  
SUITE 311  
MASSAPEQUA PAYK, NY 11762

## New Mailing Address:

FEI Number: 11-3193395

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHOEN, MICHAEL  
851 BAY WAY BLVD UNIT 407  
CLEARWATER BEACH, FL 33767 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CPT ( ) Delete  
Name: OLSEN, SCOTT  
Address: 10 DELTA RD  
City-St-Zip: MASSAPEQUA, NY 11758

Title: DVS ( ) Delete  
Name: SCHOEN, MICHAEL  
Address: 851 BAY WAY BLVD UNIT 407  
City-St-Zip: CLEARWATER BEACH, FL 33767

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SCOTT OLSEN

PRES

06/25/2009

Electronic Signature of Signing Officer or Director

Date