

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008472

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: FUTURE RECOVERY SOLUTIONS TODAY INC

**Current Principal Place of Business:**

941 NE 19TH AVENUE  
SUITE 308  
FORT LAUDERDALE, FL 33304 US

**New Principal Place of Business:**

**Current Mailing Address:**

941 NE 19TH AVENUE  
SUITE 308  
FORT LAUDERDALE, FL 33304 US

**New Mailing Address:**

FEI Number: 26-0797105      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CHECKMARK SERVICES, INC  
3499 NE 12TH TERRACE  
OAKLAND PARK, FL 33334 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: P ( ) Delete  
Name: BRUNO, JULIE D  
Address: 941 NE 19TH AVENUE, STE 308  
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: VP ( ) Delete  
Name: ALAZRACHI, NATALIE  
Address: 941 NE 19TH AVENUE, STE 308  
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: S ( ) Delete  
Name: SULLIVAN, NANCY  
Address: 941 NE 19TH AVENUE, STE 308  
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: T ( ) Delete  
Name: SADOVNIK, JESSY  
Address: 941 NE 19TH AVENUE, STE 308  
City-St-Zip: FORT LAUDERDALE, FL 33304 US

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE D. BRUNO

DR.

03/23/2009

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

\_\_\_\_\_  
Date