

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000107876

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** SPECIALIZED RECOVERY SERVICES, INC.

**Current Principal Place of Business:**

1002 PIPERS CAY DR.  
WEST PALM BEACH, FL 33415 US

**New Principal Place of Business:**

1137 OLD OKEECHOBEE RD.  
WEST PALM BEACH, FL 33401 US

**Current Mailing Address:**

1002 PIPERS CAY DR.  
WEST PALM BEACH, FL 33415 US

**New Mailing Address:**

1137 OLD OKEECHOBEE RD.  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 20-1388957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CALHOUN, DERRICK A  
1002 PIPERS CAY DR.  
WEST PALM BEACH, FL 33415 US

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

CALHOUN, DERRICK A  
1137 OLD OKEECHOBEE RD  
WEST PALM BEACH, FL 33401 US

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: DERRICK CALHOUN

04/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: CALHOUN, DERRICK A  
Address: 1137 OLD OKEECHOBEE RD  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: VP  
Name: WATKINS, KATHERINE D  
Address: 1137 OLD OKEECHOBEE RD  
City-St-Zip: WEST PALM BEACH, FL 33401

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: DERRICK CALHOUN

PT

04/11/2011

Electronic Signature of Signing Officer or Director

Date