

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000091883

FILED
Apr 29, 2011
Secretary of State

Entity Name: PROFESSIONAL RECOVERY SERVICES OF JAX INC,

Current Principal Place of Business:

5875 SAN JUAN AVE
D
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

5875 SAN JUAN AVE
D
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 27-3906143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSS, TRAVIS S SR
8049 JOFFRE DR
JACKSONVILLE, FL 32210 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
Name: MOSS, TRAVIS S SR
Address: 8049 JOFFRE DR
City-St-Zip: JACKSONVILLE, FL 32210

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: TRAVIS MOSS

OWNE

04/29/2011

Electronic Signature of Signing Officer or Director

Date