2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068266 Feb 16, 2000 8:00 am Secretary of State DOCTORS RECOVERY SERVICE, INC. 02-16-2000 90128 023 ***150.00 Mailing Address Principal Place of Business PO BOX 1345 1901 NW 18TH STREET #C1 POMPANO BEACH FL 33061-1345 POMPANO BEACH FL 33069 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number City & State City & State 65-0863788 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -TRAFFORD,-ROBERT--Street Address (P.O. Box Number is Not Acceptable) 1901 NW 18TH STREET #C1 POMPANO BEACH FL 33069 Zip Code City tity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above pamed et 5 · 11 · 7000 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE Change TITLE TRAFFORD, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 1901 NW 18TH STREET #C1 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP C!TY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.11.2000

954.960.016

Daytime Phone #

CR2E034 (9/99)