

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000068266

**FILED**  
**Feb 17, 2004**  
**Secretary of State**

**Entity Name:** DOCTORS RECOVERY SERVICE, INC.

**Current Principal Place of Business:**

305 S. ANDREWS AVE.  
SUITE 510  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

305 S. ANDREWS AVE.  
SUITE 419  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

PO BOX 14848  
FORT LAUDERDALE, FL 33302

**New Mailing Address:**

FEI Number: 65-0863788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TRAFFORD, ROBERT  
305 S. ANDREWS AVE., STE 510  
FORT LAUDERDALE, FL 33301

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

TRAFFORD, ROBERT  
305 S. ANDREWS AVE., STE 419  
FORT LAUDERDALE, FL 33301

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

02/17/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TRAFFORD, ROBERT  
Address: 305 S. ANDREWS AVE., STE 510  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: TRAFFORD, ROBERT  
Address: 305 S. ANDREWS AVE., STE 419  
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT J TRAFFORD

Electronic Signature of Signing Officer or Director

PRES

02/17/2004

Date