## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000068266

Entity Name: DOCTORS RECOVERY SERVICE, INC.

FILED Feb 17, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

305 S. ANDREWS AVE. 305 S. ANDREWS AVE. SUITE 510 SUITE 419

FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301

Current Mailing Address: New Mailing Address:

PO BOX 14848

FORT LAUDERDALE, FL 33302

FEI Number: 65-0863788 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

TRAFFORD, ROBERT 305 S. ANDREWS AVE., STE 510 FORT LAUDERDALE, FL 33301 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: 02/17/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: TRAFFORD, ROBERT Name: TRAFFORD, ROBERT

Address: 305 S. ANDREWS AVE., STE 510 Address: 305 S. ANDREWS AVE., STE 419 City-St-Zip: FORT LAUDERDALE, FL 33301 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 PRES 02/17/2004