

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000068266

FILED
Apr 26, 2005
Secretary of State

Entity Name: DOCTORS RECOVERY SERVICE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

10300 QUITO ST
COOPER CITY, FL 33026

Current Mailing Address:

PO BOX 14848
FORT LAUDERDALE, FL 33302

New Mailing Address:

PO BOX 848456
PEMBROKE PINES, FL 33084

FEI Number: 65-0863788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDMAN, WILLARD
305 S. ANDREWS AVE., STE 419
FORT LAUDERDALE, FL 33302 US

Name and Address of New Registered Agent:

FRIEDMAN, WILLARD
10300 QUITO ST
COOPER CITY, FL 33026 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:

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FRIEDMAN, WILLARD
Address: 305 S. ANDREWS AVE., STE 419
City-St-Zip: FORT LAUDERDALE, FL 33302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: FRIEDMAN, WILLARD
Address: 10300 QUITO ST
City-St-Zip: COOPER CITY, FL 33026

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: WILLARD FRIEDMAN

CEO

04/26/2005

Electronic Signature of Signing Officer or Director

Date