

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000068266

FILED
Apr 29, 2008
Secretary of State

Entity Name: DOCTORS RECOVERY SERVICE, INC.

Current Principal Place of Business:

10300 QUITO ST
COOPER CITY, FL 33026

New Principal Place of Business:

3051 SUNRISE LAKES DR E
110
SUNRISE, FL 33322

Current Mailing Address:

PO BOX 848456
PEMBROKE PINES, FL 33084

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:

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

Name and Address of New Registered Agent:

FRIEDMAN, WILLARD
3051 SUNRISE LAKES DR E
110
SUNRISE, FL 33322 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: _____ 04/29/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: FRIEDMAN, WILLARD
Address: 3051 SUNRISE LAKES DR E
City-St-Zip: SUNRISE, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 04/29/2008
Electronic Signature of Signing Officer or Director Date