2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000068266

Entity Name: DOCTORS RECOVERY SERVICE, INC.

FILED Apr 29, 2008 Secretary of State

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

10300 QUITO ST 3051 SUNRISE LAKES DR E COOPER CITY, FL 33026

110

SUNRISE, FL 33322

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

FRIEDMAN, WILLARD FRIEDMAN, WILLARD 10300 QUITO ST 3051 SUNRISE LAKES DR E COOPER CITY, FL 33026 US 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO () Delete Title: (X) Change () Addition FRIEDMAN, WILLARD FRIEDMAN, WILLARD Name: Name:

10300 QUITO ST 3051 SUNRISE LAKES DR E Address: Address: City-St-Zip: COOPER CITY, FL 33026 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 04/29/2008 CEO