

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000068266

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

3051 SUNRISE LAKES DR E  
110  
SUNRISE, FL 33322

**New Principal Place of Business:**

**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 (X)**

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

FRIEDMAN, WILLARD  
3051 SUNRISE LAKES DR E  
110  
SUNRISE, FL 33322 US

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

GERBER, DENNIS  
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: DENNIS GERBER

04/30/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

04/30/2009

Electronic Signature of Signing Officer or Director

Date