

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90271 004 ***150.00

0328294 AV

DOCUMENT # **P98000068266**

1. Entity Name
DOCTORS RECOVERY SERVICE, INC.



Principal Place of Business
**413 N ANDREWS AVE
200
FORT LAUDERDALE FL 33301**

Mailing Address
**PO BOX 14848
FT. LAUDERDALE FL 33302**

2. Principal Place of Business
**305 S. ANDREWS AVE
Suite, Apt. #, etc.
SUITE 510**

3. Mailing Address
**SAME AS ABOVE ↑
Suite, Apt. #, etc.**

City & State
FT LAUDERDALE FL

City & State

4. FEI Number **65-0863788**

Applied For
 Not Applicable

Zip **33301** Country **USA**

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRAFFORD, ROBERT
413 N ANDREWS AVE
200
FORT LAUDERDALE FL 33301**

Name **ROBERT TRAFFORD**
Street Address (P.O. Box Number is Not Acceptable)
305 S. ANDREWS AVE SUITE 510
City **FT LAUDERDALE FL** Zip Code **33301**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE **4-24-2003**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	TRAFFORD, ROBERT	413 N, ANDREWS AVENUE #200	FORT LAUDERDALE FL 33301	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		305 S. ANDREWS AVE SUITE 510	FT LAUDERDALE FL 33301	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-24-2003** DAYTIME PHONE # **954-761-9268**

DATE DAYTIME PHONE #

CR2E034 (10/02)