

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092223

FILED
Apr 14, 2009
Secretary of State

Entity Name: HEALTHCARE REVENUE RECOVERY GROUP, LLC

Current Principal Place of Business:

1801 N.W. 66TH AVENUE, SUITE 200-C
PLANTATION, FL 33313

New Principal Place of Business:

1801 N.W. 66TH AVENUE, SUITE 200C
PLANTATION, FL 33313

Current Mailing Address:

1900 WINSTON ROAD, SUITE 506
KNOXVILLE, TN 37919

New Mailing Address:

1900 WINSTON ROAD, SUITE 300
ATTN: LEGAL
KNOXVILLE, TN 37919

FEI Number: 20-2027506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HCFS HEALTH CARE FINANCIAL SERVICES, INC.
Address: 1900 WINSTON RD., SUITE 506
City-St-Zip: KNOXVILLE, TN 37919 US

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HCFS HEALTH CARE FINANCIAL SERVICES, INC.

MGR

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date