

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

P34979
Healthcare Recoveries, Inc.

Principal Place of Business

Mailing Address

1930 Bishop Lane
Suite 14B
Louisville, KY. 40218

same

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	8/6/91	5/1/96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	61-1141758	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	29	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Country	Country		
25	30		
USA			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Special Service Agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
12.1	12.2	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
12.3	12.4	2.1 TITLE	2.2 NAME
12.5	12.6	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
12.7	12.8	3.1 TITLE	3.2 NAME
12.9	12.10	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
12.11	12.12	4.1 TITLE	4.2 NAME
12.13	12.14	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
12.15	12.16	5.1 TITLE	5.2 NAME
12.17	12.18	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
12.19	12.20	6.1 TITLE	6.2 NAME
12.21	12.22	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
12.23	12.24		
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12.99	12.100		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 (502) 454-1340

Date Daytime Phone #

CR2E034 (9/96)