

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P34979**

1. Entity Name

HEALTHCARE RECOVERIES, INC.**FILED**
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90045 030 ***150.00

Principal Place of Business

Mailing Address

**1930 BISHOP LANE, SUITE 14B
LOUISVILLE KY 40218****LAURA WHITESIDE
1930 BISHOP LN., SUITE #14B
LOUISVILLE KY 40218-1921**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **61-1141758**

Applied For

Not Applicable

Zip

Country

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **MCGINNIS, PATRICK B.**
CITY-ST-ZIP **1400 WATTERSON TOWER
LOUISVILLE KY**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VP**
STREET ADDRESS **SHARPS, DOUGLAS**
CITY-ST-ZIP **1400 WATTERSON TOWER
LOUISVILLE KY**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **BALLARD, WILLIAM C**
CITY-ST-ZIP **3300 FIRST NATIONAL TOWER
LOUISVILLE KY 40202**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **FORCE, JILL L**
CITY-ST-ZIP **3300 PROVIDIAN CENTER
LOUISVILLE KY 40202**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **NEWMAN, JOHN H**
CITY-ST-ZIP **ONE WORLD TRADE CENTER
NEW YORK NY 10048**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **ROBINSON, ELAINE J**
CITY-ST-ZIP **5855 BRITTANY WOODS CIRCLE
LOUISVILLE KY 40222**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 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

Douglas R. Sharps

Date

2-22-00

Daytime Phone #

502-454-1340