

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90103 016 ***150.00

0585031

DOCUMENT # P34979

1. Entity Name

HEALTHCARE RECOVERIES, INC.

Principal Place of Business

**1930 BISHOP LANE, SUITE 14B
LOUISVILLE KY 40218**

Mailing Address

**LAURA WHITESIDE
1930 BISHOP LN., SUITE #14B
LOUISVILLE KY 40218****00017935**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

61-1141758

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2001 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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

Date

Daytime Phone #

2/7/01 502-454-1114

CR2E034 (10/00)