

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092223

Entity Name: HEALTHCARE REVENUE RECOVERY GROUP, LLC

Current Principal Place of Business:

1643 NORTH HARRISON PARKWAY
BUILDING H, SUITE 100
SUNRISE, FL 33323

Current Mailing Address:

265 BROOKVIEW CENTRE WAY, SUITE 400
ATTN: LEGAL DEPT.
KNOXVILLE, TN 37919 US

FEI Number: 90-0533366

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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

Authorized Person(s) Detail :

Title	MGRM	Title	PRESIDENT
Name	HCFS HEALTH CARE FINANCIAL SERVICES, LLC	Name	FRIEDLANDER, DAVID M
Address	265 BROOKVIEW CENTRE WAY, SUITE 400	Address	1643 NORTH HARRISON PARKWAY BUILDING H, SUITE 100
City-State-Zip:	KNOXVILLE TN 37919	City-State-Zip:	SUNRISE FL 33323
Title	VP	Title	VP
Name	CARMAN, JOSEPH B.	Name	VETRANO, ANTONIO B.
Address	1643 NORTH HARRISON PARKWAY BUILDING H, SUITE 100	Address	1643 NORTH HARRISON PARKWAY BUILDING H, SUITE 100
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323
Title	ASST. SECRETARY	Title	VP, TREASURER
Name	STAIR, JOHN R.	Name	JONES, DAVID P.
Address	1643 NORTH HARRISON PARKWAY BUILDING H, SUITE 100	Address	1643 NORTH HARRISON PARKWAY BUILDING H, SUITE 100
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN R STAIR

ASSISTANT SECRETARY 06/04/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date