

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000000616

**Entity Name:** MEDICAL RECOVERY SPECIALISTS, LLC

**Current Principal Place of Business:**

2250 E DEVON AVE STE 352 3RD FLOOR  
DES PLAINES, IL 60018

**Current Mailing Address:**

6955 HILLSDALE COURT  
INDIANAPOLIS, IN 46250 US

**FEI Number:** 27-3946144

**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 COO  
Name GAYHEART, STEVE  
Address 2250 E DEVON AVE STE 352 3RD  
FLOOR  
City-State-Zip: DES PLAINES IL 60018

Title CEO  
Name SCHABEL, MARK  
Address 2250 E DEVON AVE STE 352 3RD  
FLOOR  
City-State-Zip: DES PLAINES IL 60018

*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:** STEVE M GAYHEART

COO

02/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date