2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006
Secretary of State

DOCUMENT# J52337

Entity Name: HEALTHCARE RECOVERY CONSULTANTS, INC.

Current Principal Place of Business:

404B JENKS AVE
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 1862
PANAMA CITY, FL 32402 US

New Mailing Address:

FEI Number: 59-2788063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DIMSDLE, H., WAYNE, SR
5731 SHANNON CIRCLE
YOUNGSTOWN, FL 32466 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VT ( ) Delete
Name: DIMSDLE, BARBARA J
Address: 5731 SHANNON CIRCLE
City-St-Zip: YOUNGSTOWN, FL

Title: P ( ) Delete
Name: DIMSDLE, WAYNE H SR
Address: 5731 SHANNON CIRCLE
City-St-Zip: YOUNGSTOWN, FL 32466

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VT (X) Change ( ) Addition
Name: DIMSDLE, BARBARA J
Address: 5731 SHANNON CIRCLE
City-St-Zip: YOUNGSTOWN, FL 32466

Title: D (X) Change ( ) Addition
Name: DIMSDLE, WAYNE H SR
Address: 5731 SHANNON CIRCLE
City-St-Zip: YOUNGSTOWN, FL 32466

Title: P ( ) Change (X) Addition
Name: SCHNUR, JOE B
Address: 5701 SUNSET AVENUE
City-St-Zip: PANAMA CITY BEACH, FL 32408

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA J DIMSDLE VT 02/15/2006

Electronic Signature of Signing Officer or Director Date