

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90216 047 ***158.75

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DOCUMENT # J52337



1. Entity Name
HEALTHCARE RECOVERY CONSULTANTS, INC.

Principal Place of Business
**404B JENKS AVE
PANAMA CITY FL 32401
US**

Mailing Address
**P.O BOX 1862
PANAMA CITY FL 32402
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2788063**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KINARD, LEE	
STREET ADDRESS	303 HARVARD BLVD.	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	DIMSDLE, BARBARA J	
STREET ADDRESS	5731 SHANNON CIRCLE	
CITY-ST-ZIP	YOUNGSTOWN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara J Dimsdle* **Barbara J Dimsdle 4/3/03** **850-784-6900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)