

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080959

FILED
Jul 06, 2006
Secretary of State

Entity Name: A/R MEDICAL CLAIMS RECOVERY, LLC

Current Principal Place of Business:

2544 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

519 RIVER PLANTATION RD
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 30-0329801 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ERWIN, SHEILA R
519 RIVER PLANTATION RD
CRAWFORDVILLE, FL 32327 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ERWIN, SHEILA H
Address: 519 RIVER PLANTATION RD
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 608, Florida Statutes.

SIGNATURE: SHEILA H ERWIN

MGR

07/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date