2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 24, 2007
Secretary of State

DOCUMENT# L05000080959

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:

1905 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

Current Mailing Address:

519 RIVER PLANTATION RD
CRAWFORDVILLE, FL 32327

New Mailing Address:

1905 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

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:

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

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 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 R ERWIN MGRM 07/24/2007

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