

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000080959

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** A/R MEDICAL CLAIMS RECOVERY, LLC

**Current Principal Place of Business:**

1905 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

1401 OVEN PARK DR  
SUITE 102  
TALLAHASSEE, FL 32308 US

**Current Mailing Address:**

1905 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308

**New Mailing Address:**

1401 OVEN PARK DR  
SUITE 102  
TALLAHASSEE, FL 32308 US

**FEI Number:** 30-0329801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
Name: ERWIN, SHEILA H  
Address: 519 RIVER PLANTATION RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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 ERWIN

MRG

04/06/2011

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