

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000033122

FILED
Sep 07, 2010
Secretary of State

Entity Name: MEDICAL REVENUE RECOVERY LLC

Current Principal Place of Business:

214 W. UNIVERSITY AVE.
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

214 W. UNIVERSITY AVE.
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 26-4481171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLANGELO, TOM
214 W. UNIVERSITY AVE.
GAINESVILLE, FL 32601 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: MGRM
Name: COLANGELO, TOM
Address: 214 W. UNIVERSITY AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: MGRM
Name: COLANGELO, LINDA
Address: 214 W. UNIVERSITY AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: MGRM
Name: COLANGELO, CRYSTAL
Address: 214 W. UNIVERSITY AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: MGRM
Name: COLANGELO, KIM
Address: 214 W. UNIVERSITY AVE.
City-St-Zip: GAINESVILLE, FL 32601

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: THOMAS COLANGELO

OWN

09/07/2010

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