2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2011
Secretary of State

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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 Statues.

SIGNATURE: TOM COLANGELO OWNE 03/02/2011

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