

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L10787

FILED
Apr 20, 2011
Secretary of State

Entity Name: MEDICAL RECEIVABLE RECOVERY SPECIALISTS, INC.

Current Principal Place of Business:

4696 NW 103RD AVENUE
SUNRISE, FL 33051 US

New Principal Place of Business:

4696 NW 103RD AVENUE
SUNRISE, FL 33351 US

Current Mailing Address:

4696 NW 103RD AVENUE
SUNRISE, FL 33051 US

New Mailing Address:

4696 NW 103RD AVENUE
SUNRISE, FL 33351 US

FEI Number: 65-0173255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUNETTO, THERESA
4696 NW 103RD AVENUE
SUNRISE, FL 33051 US

Name and Address of New Registered Agent:

BRUNETTO, THERESA
4696 NW 103RD AVENUE
SUNRISE, FL 33351 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

04/20/2011

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BRUNETTO, THERESA
Address: 4696 NW 103RD AVENUE
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THERESA BRUNETTO

PD

04/20/2011

Electronic Signature of Signing Officer or Director

Date