

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L10787

FILED
Apr 26, 2003
Secretary of State

Entity Name: MEDICAL RECEIVABLE RECOVERY SPECIALISTS, INC.

Current Principal Place of Business:

4491 SOUTH STATE ROAD 7
308
FORT LAUDERDALE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

4491 SOUTH STATE ROAD 7
308
FORT LAUDERDALE, FL 33314 US

New Mailing Address:

FEI Number: 65-0173255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGLIOLI, THERESA
4491 S STATE RD 7, SUITE 308
FT LAUDERDALE, FL 33314 US

Name and Address of New Registered Agent:

BRUNETTO, THERESA
4491 S STATE RD 7, SUITE 308
FT LAUDERDALE, FL 33314 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: THERESA BRUNETTO

04/26/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOGLIOLI, THERESA,
Address: 4491 SOUTH STATE ROAD 7 #308
City-St-Zip: FORT LAUDERDALE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRUNETTO, THERESA,
Address: 4491 SOUTH STATE ROAD 7 #308
City-St-Zip: FORT LAUDERDALE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THERESA BRUNETTO

PD

04/26/2003

Electronic Signature of Signing Officer or Director

Date