FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 PM 12:00

DOCUMENT # L12212 (1)

1. Corporation Name
HEALTHCARE CLAIMS RECOVERY, INC.

Principal Place of Business	Mailing Address
4506 L. B. MCLEOD. #F ORLANDO FL 32811-5664	4506 L. B. MCLEOD. #F ORLANDO FL 32811-5664

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/25/1989
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2963488 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24; Country — 25
Zip — 29; Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRIGGS, STEPHEN P.
4506 L. B. MCLEOD RD., SUITE F
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	1.1 TITLE	DELETE	☒ Change ☐ Addition
NAME	WALKER, WILLIAM A., II	1.2 NAME		
STREET ADDRESS	250 PARK AVE S 6TH FL	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE	DELETE	☒ Change ☐ Addition
NAME	KENNEDY, WILLIAM P.	2.2 NAME		
STREET ADDRESS	4506 L B. MCLEOD #F	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32811			
TITLE	VD		PRES/ASST. SEC./DIR STEPHEN P. GRIGGS 4506 LB MCLEOD RD., STE F. ORLANDO FL 32811	☒ Change ☐ Addition
NAME	GRIGGS, STEPHEN P.			
STREET ADDRESS	4506 L. B. MCLEOD #F			
CITY-ST-ZIP	ORLANDO FL			
TITLE	T		SEC/TREAS/DIRECTOR REBECCA R. IRISH 4506 LB MCLEOD RD., STE F. ORLANDO FL 32811	☒ Change ☐ Addition
NAME	IRISH, REBECCA R.			
STREET ADDRESS	4506 L. B. MCLEOD RD #F			
CITY-ST-ZIP	ORLANDO FL			
TITLE	D			☒ Change ☐ Addition
NAME	WILLIAMS, LEONARD	5.3 STREET ADDRESS	DELETE	
STREET ADDRESS	P.O. BOX 6845 N/A	5.4 CITY-ST-ZIP		
CITY-ST-ZIP	ORLANDO FL 32852			
TITLE	D	6.1 TITLE	DELETE	☒ Change ☐ Addition
NAME	WEAVER, JACK T.	6.2 NAME		
STREET ADDRESS	3120 CORRINE DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attached report with an address.

SIGNATURE: Rebecca R. Irish 2/4/95 (407) 841-2115
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
REBECCA R. IRISH

0050737 CR