

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

1982

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L12212 (1)
1. Corporation Name
HEALTHCARE CLAIMS RECOVERY, INC.

FILED

98 FEB 17 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

4. FEI Number

59-2963488

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30 ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

83

84 City

Tallahassee

FL

85

Zip Code

32301

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

Karen B. Rozar
(Signature, typed or printed name of registered agent and fee if applicable)

Karen B. Rozar, As Its Agent

DATE

2-17-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PASD ☐ DELETE
NAME GRIGGS, STEPHEN P
STREET ADDRESS 4506 LB MCLEOD RD STE F
CITY-ST-ZIP ORLANDO FL

1.1 TITLE D/P ☒ Change ☐ Addition
1.2 NAME Stephen P. Griggs
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD ☒ DELETE
NAME IRISH, REBECCA R
STREET ADDRESS 4506 LB MCLEOD RD STE F
CITY-ST-ZIP ORLANDO FL

2.1 TITLE VP ☐ Change ☒ Addition
2.2 NAME Janet L. Ziomek
2.3 STREET ADDRESS 4506 L.B. Mcleod Rd., Suite F
2.4 CITY-ST-ZIP Orlando, FL 32811

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE S ☐ Change ☒ Addition
3.2 NAME N. Scott Howell
3.3 STREET ADDRESS 4506 L.B. Mcleod Rd., Suite F
3.4 CITY-ST-ZIP Orlando, FL 32811

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Marc Levin
4.3 STREET ADDRESS 10065 Red Run Blvd.
4.4 CITY-ST-ZIP Owings Mills, MD 21117

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Marshall Elkins
5.3 STREET ADDRESS 10065 Red Run Blvd.
5.4 CITY-ST-ZIP Owings Mills, MD 21117

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

4000002433014--0

02-18-98

14. I hereby certify that the information supplied with this filing 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 attachment with an address.

CR2E034 (10/97)

202



ACCOUNT NO. : 072100000032

REFERENCE : 708230 7120726

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 150.00

ORDER DATE : February 16, 1998

ORDER TIME : 10:02 AM

ORDER NO. : 708230-290

CUSTOMER NO: 7120726

CUSTOMER: Ms. Dawn Anderson
Rotech Medical Corporation
Suite F
4506 L B Mcleod Road
Orlando, FL 32811

RECEIVED
98 FEB 17 AM 11:33
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: HEALTHCARE CLAIMS RECOVERY,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Glisar

EXAMINER'S INITIALS:

VB
2-18-98