

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12212

1. Corporation Name
HEALTHCARE CLAIMS RECOVERY, INC.

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

Mailing Address
4506 L. B. MCLEOD, #F
ORLANDO FL 32811-5664

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90216 017 ***150.00



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 the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPNAV
1201 HAYS STREET
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME ZIOMEK, JANET L
STREET ADDRESS 4506 L.B. MCLEOD RD., SUITE F
CITY-ST-ZIP ORLANDO FL 32811

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME NOVELL, N. SCOTT
STREET ADDRESS 10065 RED RUN BLVD.
CITY-ST-ZIP OWINGS MILLS MD 21117

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

TITLE D ☐ DELETE
NAME LEVIN, MARC
STREET ADDRESS 10065 RED RUN BLVD.
CITY-ST-ZIP OWINGS MILLS MD 21117

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ELKINS, MARSHALL
STREET ADDRESS 10065 RED RUN BLVD.
CITY-ST-ZIP OWINGS MILLS MD 21117

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
N Scott Novell Secretary

4/6/99 407-841-2115
Date Daytime Phone #

CR2E034 (11/98)

0104992