

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L12212

1. Entity 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 32811-5668

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPNAV
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | GRIGGS, STEPHEN | |
| STREET ADDRESS | 4506 LB MCLEOD RD STE F | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | ZIOMEK, JANET L | |
| STREET ADDRESS | 4506 L.B. MCLEOD RD., SUITE F | |
| CITY-ST-ZIP | ORLANDO FL 32811 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | NOVELL, N. SCOTT | |
| STREET ADDRESS | 4506 L.B. MCLEOD RD., SUITE F | |
| CITY-ST-ZIP | ORLANDO FL 32811 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LEVIN, MARC | |
| STREET ADDRESS | 10065 RED RUN BLVD. | |
| CITY-ST-ZIP | OWINGS MILLS MD 21117 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ELKINS, MARSHALL | |
| STREET ADDRESS | 10065 RED RUN BLVD. | |
| CITY-ST-ZIP | OWINGS MILLS MD 21117 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | Orlando, FL 32811 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 910 Ridgebrook Road | |
| CITY-ST-ZIP | Sparks, MD 21152 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 910 Ridgebrook Road | |
| CITY-ST-ZIP | Sparks, MD 21152 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

N. Scott Novell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. Scott Novell 2/14/00 407-841-2115

Date

Daytime Phone #

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90065 039 ***150.00

AU023166



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2963488** ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

CE-00400001