

# 2001 UNIFORM BUSINESS REPORT (UBR)

102 006008

DOCUMENT # L12212

1. Entity Name  
**HEALTHCARE CLAIMS RECOVERY, INC.**

**FILED**

01 MAY 11 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

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

Mailing Address

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

2600 Technology Dr.

P. O. Box 53-6576

Suite 300 etc.

Suite, Apt. #, etc.

Orlando, FL

Orlando, FL

32804

USA

32853-6576

USA

4. FEI Number **59-2963488**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPNAV**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

Name

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

City

ES

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.

(NOT

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)

X

**FILE NOW!**  
**After MAY 1, 2001**  
**Fee IS \$150.00**  
**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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
NAME **GRIGGS, STEPHEN**  
STREET ADDRESS **4506 LB MCLEOD RD STE F**  
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **P** ☒ Change ☐ Addition  
NAME **Stephen D. Linehan**  
STREET ADDRESS **2600 Technology Dr., Suite 300**  
CITY-ST-ZIP **Orlando, FL 32804**

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

TITLE ☒ Change ☐ Addition  
NAME **2600 Technology Dr., Suite 300**  
STREET ADDRESS **Orlando, FL 32804**  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **NOVELL, N. SCOTT**  
STREET ADDRESS **4506 L.B. MCLEOD RD., SUITE F**  
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☒ Change ☐ Addition  
NAME **2600 Technology Dr., Suite 300**  
STREET ADDRESS **Orlando, FL 32804**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **LEVIN, MARC**  
STREET ADDRESS **910 RIDGEBROOK RD**  
CITY-ST-ZIP **SPARKS MD 21152**

TITLE ☐ Change ☐ Addition  
NAME **500004212555--4**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ELKINS, MARSHALL**  
STREET ADDRESS **910 RIDGEBROOK RD**  
CITY-ST-ZIP **SPARKS MD 21152**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

4/20/2001

(407) 822-4600

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER R DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

208



ACCOUNT NO. : 072100000032

REFERENCE : 147611 7120726

AUTHORIZATION :

*Patricia Pizuto*

COST LIMIT : \$ 550.00

ORDER DATE : May 11, 2001

ORDER TIME : 12:20 PM

ORDER NO. : 147611-035

CUSTOMER NO: 7120726

CUSTOMER: Ms. Dawn Dreghorn  
Rotech Medical Corporation  
Suite 300  
2600 Technology Drive  
Orlando, FL 32804

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 MAY 11 PM 12:57  
NOT INCLUDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

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: Susie Knight-EXT#1156

EXAMINER'S INITIALS: \_\_\_\_\_