

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003558

FILED
Aug 23, 2007
Secretary of State

Entity Name: MEDICAL RECOVERY SERVICE LLC

Current Principal Place of Business:

6777 TAYLOR CIRCLE
MONTGOMERY, AL 36117

New Principal Place of Business:

2157 TAYLOR RD
H
MONTGOMERY, AL 36117

Current Mailing Address:

6777 TAYLOR CIRCLE
MONTGOMERY, AL 36117

New Mailing Address:

PO BOX 230370
MONTGOMERY, AL 36123

FEI Number: 63-1221140 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DOWNING, SHERI H
1510 VINSON RAY ROAD
BAKER, FL 32531 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DOWNING, SHERI H
Address: 6777 TAYLOR CIRCLE
City-St-Zip: MONTGOMERY, AL 36117

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DOWNING, SHERI H
Address: 1510 VINSON RAY RD
City-St-Zip: BAKER, FL 32531

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SHERI H DOWNING

MGR

08/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date