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DOCU 1. Entity Nan		18170000			M S	ay 16, 2 ecretary 05-16-2001 902:	y of S	tate
Nat	ional Healtho	care Recoveries	, Inc.					
Principal Plac	ce of Business	Mailing Address		1.)01.				
1	sw 136 Way nar, Fl 33027	Miram	iw 136 1 ar . Fl.	~~~			•	
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1'.	Place of Business	3. Mailing Address				A00 6	8579	
Suite, Apt.	1 5w 136 Way	1941 S.C. Suite, Apt. #, etc.	N 136 U	Say	ι	OO NOT WRITE IN TH	IS SPACE	
City & Stat	ramar, Fl	City & State Mi (Ama)	r, Fl	4. FE	Number 45	- 0977/21	· —	oplied For ot Applicable
Zip 336	027 Country USA	Zip 33027	Country USA	5. Ce	rtificate of Star	us Desired 🔲	\$8.75 Ad Fee Require	
100	6. Name and Address of Curr		Name_	D .t. :		ss of New Registere	d Agent	
	iario I. Delgo 151 S. Le Jeur	ado, ESQ Ne RD. STE 20		Address (P.O. Box				
	oral Gables, F				136	Wau		
1	•			Virama	-		Zip Coo	\$027
8. The above	named entity submits this statemer	nt for the purpose of changing its re	gistered office o	r registered agen	t, or both, in th	e State of Florida.		30 54.
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE: F	Registered Agent signat	ture required when reinst	ating)	CATE	26/0	
Tax filing r	oration is eligible to satisfy its Intang requirement and elects to do so. ria on back)	FILE NOW!!! After MAY 1, 2001 Make Check Payable	Fee will be \$	550.00		Campaign Financing d Contribution.		0 May Be to Fees
				TO STATE OF STREET OF STREET STREET, STREET				
11.	T	ND DIRECTORS	12.		TIONS/CHAN	GES TO OFFICERS A		
11. TITLE NAME	D	ND DIRECTORS	12. TITLE NAME	D Emilio	Nunez		ND DIRECTOR Change	S IN 11
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