

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000007181

FILED
Jan 28, 2005
Secretary of State

Entity Name: NATIONAL HEALTHCARE RECOVERIES, INC.

Current Principal Place of Business:

5610 SW 196TH LANE
SOUTHWEST RANCHES, FL 33332

New Principal Place of Business:

Current Mailing Address:

5610 SW 196TH LANE
SOUTHWEST RANCHES, FL 33332

New Mailing Address:

FEI Number: 65-0977121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIRET, PETER
5610 SW 196TH LANE
SOUTHWEST RANCHES, FL 33332 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NUNEZ, EMILIO
Address: 5610 SW 196TH LANE
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: D () Delete
Name: MIRET, PETER
Address: 5610 SW 196TH LANE
City-St-Zip: SOUTHWEST RANCHES, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER MIRET

D

01/28/2005

Electronic Signature of Signing Officer or Director

Date