P04000141588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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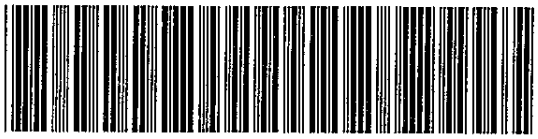

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALTHCARE RECOVERY SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000141588

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEFINA HENRIQUEZ
(Name of Person)

HEALTHCARE RECOVERY SERVICES, INC.
(Name of Firm/Company)

P.O. BOX 771883
(Address)

MIAMI, FLORIDA, 33177-1883
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LUIS A. GONZALEZ at (305) 389-0613
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, JOSEFINA HENRIQUEZ, hereby resign as PRESIDENT / DIRECTOR
(Title)

of HEALTHCARE RECOVERY SERVICES, INC.
(Name of Corporation),

P04000141588
(Document Number, if known), a corporation organized under the laws of the State of

FLORIDA.

Josefina Henriquez
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

FILING FEE IS $35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314