2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005
Secretary of State

DOCUMENT# P04000141588

Entity Name: HEALTHCARE RECOVERY SERVICES, INC.

Current Principal Place of Business:

12316 S.W. 117TH CT.
MIAMI, FL 33186 US

New Principal Place of Business:

18051 SW 158TH STREET
MIAMI, FL 33187 US

Current Mailing Address:

P.O. BOX 771883
MIAMI, FL 331771883 US

New Mailing Address:

18051 SW 158TH STREET
MIAMI, FL 33187 US

FEI Number: 20-1765190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, LUIS A
350 N.W. 124TH AVENUE
MIAMI, FL 33182 US

Name and Address of New Registered Agent:

GONZALEZ, LUIS A
18051 SW 158TH STREET
MIAMI, FL 33187 US

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: LUIS A. GONZALEZ 05/18/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: GONZALEZ, GISELA M
Address: 7040 CORAL WAY, APT. 401
City-St-Zip: MIAMI, FL 33155

Title: PDST (X) Delete
Name: GONZALEZ, LUIS A
Address: 18051 S.W. 158TH STREET
City-St-Zip: MIAMI, FL 33187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: GONZALEZ, LUIS A
Address: 18051 SW 158TH STREET
City-St-Zip: MIAMI, FL 33187

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: LUIS A. GONZALEZ PRES 05/18/2005
Electronic Signature of Signing Officer or Director Date