

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000021736

FILED
Feb 25, 2009
Secretary of State

Entity Name: MEDICAL RECOVERY PARTNERS, INC.

Current Principal Place of Business:

5040 NW 7TH STREET
9TH FLOOR
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5040 NW 7TH STREET
9TH FLOOR
MIAMI, FL 33126

New Mailing Address:

FEI Number: 26-2057412 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, LAZARO
5040 NW 7TH STREET
9TH FLOOR
MIAMI, FL 33126 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: MGR () Delete
Name: SUAREZ, LAZARO
Address: 5040 NW 7TH STREET, 9TH FLOOR
City-St-Zip: MIAMI, FL 33126

Title: MGR (X) Delete
Name: LORENZO, JAVIER
Address: 5040 NW 7TH STREET, 9TH FLOOR
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SUAREZ, LAZARO
Address: 5040 NW 7TH STREET, 9TH FLOOR
City-St-Zip: MIAMI, FL 33126

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

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 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: LAZARO SUAREZ

PRES

02/25/2009

Electronic Signature of Signing Officer or Director

_____ Date