2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 08, 2009
Secretary of State

DOCUMENT# P08000100204

Entity Name: CLAIMS AUDIT RECOVERY, INC.

Current Principal Place of Business:

12950 BRADY ROAD
JACKSONVILLE, FL 322232508 US

New Principal Place of Business:

9761 SW 120TH ST
MIAMI, FL 33176 US

Current Mailing Address:

12950 BRADY ROAD
JACKSONVILLE, FL 322232508 US

New Mailing Address:

9761 SW 120TH ST
MIAMI, FL 33176 US

FEI Number: 32-0264977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEDRICK, DAVID T
12950 BRADY ROAD
JACKSONVILLE, FL 322232508 US

Name and Address of New Registered Agent:

IZQUIERDO, FRANCISCO M
9761 SW 12OTH ST
MIAMI, FL 33176 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: FRANCISCO M. IZQUIERDO 09/08/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HEDRICK, DAVID T
Address: 12950 BRADY ROAD
City-St-Zip: JACKSONVILLE, FL 322232508

Title: S (X) Delete
Name: HEDRICK, LORI A
Address: 12950 BRADY ROAD
City-St-Zip: JACKSONVILLE, FL 322232508

Title: T (X) Delete
Name: FAILLACE, NAYFE S
Address: 12850 BRADY ROAD
City-St-Zip: JACKSONVILLE, FL 322232508

Title: VP (X) Delete
Name: HOULIHAN, SHARON A
Address: 12950 BRADY ROAD
City-St-Zip: JACKSONVILLE, FL 322232508

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: IZQUIERDO, FRANCISCO M
Address: 9761 SW 120TH ST
City-St-Zip: MIAMI, FL 33176

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

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 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: FRANCISCO M. IZQUIERDO P 09/08/2009
Electronic Signature of Signing Officer or Director Date