

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000079341

Entity Name: MED RECOVERY INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

11595 KELLY RD
SUITE 314
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

PO BOX 07279
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0618288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLAUSNER, HARRY
11595 KELLY RD
STE 314
FT MYERS, FL 33908 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: KLAUSNER, HARRY
Address: 11595 KELLY RD SUITE 314
City-St-Zip: FT MYERS, FL 33908

Title: P () Delete
Name: KLAUSNER, MORTON
Address: 11595 KELLY ROAD
City-St-Zip: FT MYERS, FL

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 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: HARRY KLAUSNER

PRES

04/16/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date