


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000083917 (0)			
1. Corporation Name HEALTH RECOVERY, INC.			
Principal Place of Business % GRASIL, INC. 7041 GRAND NATIONAL DR., STE. 212 ORLANDO FL 32819		Mailing Address % GRASIL, INC. 7041 GRAND NATIONAL DR., STE. 212 ORLANDO FL 32819-8380	
2. Principal Place of Business 21 Suite, Apt. #, etc. 7041 GRAND NATIONAL DR. STE 212 22 City & State ORLANDO, FL 23 Zip 32819 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 7041 GRAND NATIONAL DR. STE 212 27 City & State ORLANDO, FL 28 Zip 32819 29 Country 30	
3. Date Incorporated or Qualified 10/07/1996		3a. Date of Last Report	
4. FEI Number 59-3404496		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent NAGY, EDUARDO J 9731 SIBLEY CIRCLE ORLANDO FL 32836-6323		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE D		1.1 TITLE P/D/T	
1.2 NAME NAGY, EDUARDO J		1.2 NAME NAGY, EDUARDO J	
1.3 STREET ADDRESS 9731 SIBLEY CIRCLE		1.3 STREET ADDRESS 9731 SIBLEY CIRCLE	
1.4 CITY-ST-ZIP ORLANDO FL 32836-6323		1.4 CITY-ST-ZIP ORLANDO, FL 32836-6323	
2.1 TITLE D		2.1 TITLE V/D/S	
2.2 NAME NAGY, MARIA A		2.2 NAME NAGY, MARIA A.	
2.3 STREET ADDRESS 9731 SIBLEY CIRCLE		2.3 STREET ADDRESS 9731 SIBLEY CIRCLE	
2.4 CITY-ST-ZIP ORLANDO FL 32836-6323		2.4 CITY-ST-ZIP ORLANDO, FL 32836-6323	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: EDUARDO J. NAGY		4/16/97 (407) 351-1479	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)