

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000092223

FILED
Apr 12, 2023
Secretary of State
4479804797CC

Entity Name: HEALTHCARE REVENUE RECOVERY GROUP, LLC

Current Principal Place of Business:

1643 NORTH HARRISON PARKWAY
BUILDING H, SUITE 100
SUNRISE, FL 33323

Current Mailing Address:

265 BROOKVIEW CENTRE WAY, SUITE 400
ATTN: LEGAL DEPT.
KNOXVILLE, TN 37919 US

FEI Number: 90-0533366

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name HCFS HEALTH CARE FINANCIAL SERVICES, LLC
Address 265 BROOKVIEW CENTRE WAY, SUITE 400
City-State-Zip: KNOXVILLE TN 37919

Title MANAGER/PRESIDENT
Name VETRANO, ANTONIO B.
Address 1643 NORTH HARRISON PARKWAY BUILDING H, SUITE 100
City-State-Zip: SUNRISE FL 33323

Title ASST. SECRETARY
Name STAIR, JOHN R.
Address 1643 NORTH HARRISON PARKWAY BUILDING H, SUITE 100
City-State-Zip: SUNRISE FL 33323

Title VICE PRESIDENT/SECRETARY/CHIEF REVENUE CYCLE COUNSEL
Name THACKER, LINDA
Address 265 BROOKVIEW CENTRE WAY, SUITE 400
City-State-Zip: KNOXVILLE TN 37919

Title VP
Name METZGER, KEVIN
Address 1643 NORTH HARRISON PARKWAY BUILDING H, SUITE 100
City-State-Zip: SUNRISE FL 33323

Title ASSISTANT VICE PRESIDENT
Name HILLARD, KARL
Address 1643 NORTH HARRISON PARKWAY BUILDING H, SUITE 100
City-State-Zip: SUNRISE FL 33323

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN R STAIR

ASSISTANT SECRETARY 04/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date