

No. W 38399		Due no later than Apr 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HEALTHCARE REVENUE RECOVERY GROUP, LLC DAVID MICHAEL FRIEDLANDER 1643 N. HARRISON PARKWAY BUILDING H, SUITE 100 SUNRISE FL 33323 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713		
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	DAVID MICHAEL FRIEDLANDER	1643 N. HARRISON PARKWAY BUILDING H, SUITE 100	SUNRISE	FL	USA	33323
5. Organized Under the Laws of: FL W 38399		6. Annual Report must be signed.* Signature: David Michael Friedlander Name (type or print): David Michael Friedlander				
		Date: 04/25/2017 Title: PRESIDENT				
Processed 04/25/2017 * Electronically provided signatures are accepted as original signatures.						