

No. W 38399		Due no later than Apr 30, 2007		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. HEALTHCARE REVENUE RECOVERY GROUP, LLC JOHN STAIR 1900 WINSTON RD STE 300 KNOXVILLE TN 37919		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702	
				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
MANAGER	JOHN R STAIR	1900 WINSTON RD STE 300	KNOXVILLE	TN	37919
5. Organized Under the Laws of: FLORIDA W 38399		6. Annual Report must be signed.* Signature: John R. Stair Name (type or print): John R. Stair Date: 04/12/2007 Title: Assistant Secretary			
Processed 04/12/2007		* Electronically provided signatures are accepted as original signatures.			