

No. W 38399		Due no later than Apr 30, 2009		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		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	HEIDI S ALLEN	1900 WINSTON RD STE 300	KNOXVILLE	TN	USA	37919	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
FL W 38399		Signature: Heidi S. Allen				Date: 04/06/2009	
		Name (type or print): Heidi S. Allen				Title: Manager	
Processed 04/06/2009		* Electronically provided signatures are accepted as original signatures.					