

No. W 38399		Due no later than Apr 30, 2009 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 JOHN STAIR 1900 WINSTON RD STE 300 KNOXVILLE TN 37919		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702			
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 MANAGER	Name HEIDI S ALLEN	Street or PO Address 1900 WINSTON RD STE 300		City KNOXVILLE	State TN	Country USA	Postal Code 37919
5. Organized Under the Laws of: FL W 38399		6. Annual Report must be signed.* Signature: Heidi S. Allen Name (type or print): Heidi S. Allen Date: 04/06/2009 Title: Manager					
Processed 04/06/2009 * Electronically provided signatures are accepted as original signatures.							