No. **W 38399**	**Due no later than Apr 30, 2012**	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 265 BROOKVIEW CENTRE WAY SUITE 400 ATTN: LEGAL DEPT KNOXVILLE TN 37919	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA 3. New 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	265 BROOKVIEW CENTRE WAY SUITE 400	KNOXVILLE	TN	USA	37919

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
FL **W 38399**	Signature: John R. Stair	Date: 04/11/2012
	Name (type or print): John R. Stair	Title: Manager

Processed 04/11/2012

* Electronically provided signatures are accepted as original signatures.