

No. <b>W 38399</b>		<b>Due no later than Apr 30, 2018</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		HEALTHCARE REVENUE RECOVERY GROUP, LLC ATTN: LEGAL 265 BROOKVIEW CENTRE WAY SUITE 400 KNOXVILLE TN 37919 USA					
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	JOSEPH B. CARMAN	265 BROOKVIEW CENTRE WAY SUITE 400	KNOXVILLE	TN	USA	37919	
MANAGER	DAVID MICHAEL FRIEDLANDER	1643 N. HARRISON PARKWAY BUILDING H, SUITE 100	SUNRISE	FL	USA	33323	
5. Organized Under the Laws of: <b>FL W 38399</b>		6. Annual Report must be signed.* Signature: Joseph B. Carman Name (type or print): Joseph B. Carman					
		Date: 04/10/2018 Title: Manager					
Processed 04/10/2018		* Electronically provided signatures are accepted as original signatures.					