

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004047

FILED  
Feb 23, 2010  
Secretary of State

**Entity Name:** HOSPITAL BILLING & COLLECTION SERVICES, LTD. INCORPORATED

**Current Principal Place of Business:**

118 LUKENS DR  
RIVEREDGE PARK  
NEW CASTLE, DE 19720

**New Principal Place of Business:**

**Current Mailing Address:**

118 LUKENS DR  
RIVEREDGE PARK  
NEW CASTLE, DE 19720

**New Mailing Address:**

**FEI Number:** 22-2559860      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: COB  
Name: MCGUIRE, WILLIAM D  
Address: 118 LUKENS DR RIVEREDGE PARK  
City-St-Zip: NEW CASTLE, DE 19720

Title: PCEO  
Name: WASILEWSKI, BRIAN J  
Address: 118 LUKENS DR RIVEREDGE PARK  
City-St-Zip: NEW CASTLE, DE 19720

Title: V  
Name: HAGGERTY, KEVIN R  
Address: 118 LUKENS DR RIVEREDGE PARK  
City-St-Zip: NEW CASTLE, DE 19720

Title: D  
Name: FONTENOT, TERI G  
Address: 118 LUKENS DR RIVEREDGE PARK  
City-St-Zip: NEW CASTLE, DE 19720

Title: D  
Name: LAZEAR, THOMAS J  
Address: 118 LUKENS DR RIVEREDGE PARK  
City-St-Zip: NEW CASTLE, DE 19720

Title: D  
Name: MANNING, MICHAEL T  
Address: 118 LUKENS DR RIVEREDGE PARK  
City-St-Zip: NEW CASTLE, DE 19720

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN R. HAGGERTY

VP

02/23/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date