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FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 6:09

DOCUMENT # **P25602 (4)**

1. Corporation Name

HOSPITAL BILLING & COLLECTION SERVICE, LTD. CORPORATION

Principal Place of Business

Mailing Address

**TWO PENN'S WAY
STE. 300
NEWCASTLE DE 19720**

**TWO PENN'S WAY
STE. 300
NEWCASTLE DE 19720**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/11/1989** 3a. Date of Last Report **04/11/1994**
4. FEI Number **22-2255980** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. Zip 25. Country 29. Zip 30. Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. See Attachment A OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **VALDEZ, GILBERT A**
STREET ADDRESS **421-C CONCORD STREET**
CITY - ST - ZIP **HAVRE DE GRACE MD**
TITLE **D**
NAME **MCLAUGHLIN, RONALD, C**
STREET ADDRESS **11201 N 52ND ST**
CITY - ST - ZIP **SCOTTSDALE AZ**
TITLE **CD**
NAME **PETERSON, ROGER, A**
STREET ADDRESS **2404 HARRIET LEA**
CITY - ST - ZIP **SIOUX FALLS SD**
TITLE **V**
NAME **KEANE, CHRISTOPHER M.**
STREET ADDRESS **12 PHEASANT RUN DR.**
CITY - ST - ZIP **WILMINGTON DE**
TITLE **V**
NAME **SIENSA, ROBERT V.**
STREET ADDRESS **208 WILTSHIRE DRIVE**
CITY - ST - ZIP **KENNETT SQUARE PA**
TITLE **D**
NAME **ROMERO, VICKI**
STREET ADDRESS **18320 WILDLIFE WAY**
CITY - ST - ZIP **BATON ROUGE LA**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christopher M. Keane Christopher M. Keane, VP and CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P25602
Attachment A

Hospital Billing & Collection Service, Ltd.
Corporate Officers
Business Address

Gilbert A. Valdez, President (3/15/91).
Hospital Billing & Collection Service, Ltd.
Suite 300, Two Penn's Way
New Castle, DE 19720
(302) 323-7000

Christopher M. Keane, Vice President (11/3/86)
Hospital Billing & Collection Service, Ltd.
Suite 300, Two Penn's Way
New Castle, DE 19720
(302) 323-7000

Robert V. Siensa, Vice President (6/1/89)
Hospital Billing & Collection Service, Ltd.
Suite 300, Two Penn's Way
New Castle, DE 19720
(302) 323-7000

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Attachment B

**Hospital Billing & Collection Services, Ltd.
Board of Trustees
Business Address**

Mr. Roger A. Peterson (11/94)
Chairman of the Board
Vice President-Finance
Sioux Valley Hospital
1100 South Euclid Avenue
Sioux Falls, SD 57117-5039
(605) 333-6555
Fax # (605) 333-1992

The Honorable Grover C. Brown (11/95)
Secretary and Treasurer
Morris, James, Hitchens & Williams
222 Delaware Avenue
P O Box 2306
Wilmington, DE 19899
(302) 888-8815
Fax # (302) 571-1750

Mr. Darrel Brownell (11/95)
CFO & Treasurer
Memorial Health Services
P.O. Box 1428
Long Beach, CA 90801
(310) 933-2101
Fax # (310) 933-2619

Mr. Paul J. Gerlach (11/96)
Health Cost Controls
650 Dundee Road, Suite 485
Northbrook, IL 60062
(708) 205-1894
Fax # (708) 205-4524

Mr. Ronald C. McLaughlin (11/95)
Senior Vice President, Chief Financial Officer
Samaritan Health System
1441 North 12th Street
Phoenix, AZ 85006
(602) 495-4282
Fax # (602) 495-4528

Mr. Michael O'Boyle (11/96)
Senior Vice President and Chief Financial Officer
Mediantic Healthcare Group
110 Irving Street, N.W., Room 2A2
Washington, DC 20010
(202) 877-7455
Fax # (202) 877-3667

Mr. Hubert C. Perry (11/95)
Chairman Emeritus
InterHealth Corporation
12102 East Washington Boulevard
Whittier, CA 90606
(310) 698-0811 Ext. 4121
Fax # (310) 698-6238

Ms. Vicki Romero (11/94)
Chief Financial Officer/Administrator
Woman's Hospital Foundation
P.O. Box 95009
9050 Airline Highway
Baton Rouge, LA 70895-9009
(504) 924-8104
Fax # (504) 924-8233

Mr. Randall J. Stasik (11/94)
Senior Vice President
Borgess Medical Center
1521 Gull Road
Kalamazoo, MI 49001-1640
(616) 383-7333
Fax # (616) 383-7388

Mr. Dwight W. Thompson (11/96)
Chief Financial Officer
The United Hospital
P.O. Box 6002
Medical Park
South Columbia Road
Grand Forks, ND 58206-6002
(701) 780-5211
Fax # (701) 780-5398