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FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25602 (4)
 1. Corporation Name
HOSPITAL BILLING & COLLECTION SERVICE, LTD. CORPORATION

Principal Place of Business TWO PENN'S WAY 8TE. 300 NEWCASTLE DE 19720	Mailing Address TWO PENN'S WAY STE. 300 NEWCASTLE DE 19720
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21 Principal Place of Business	2a Mailing Address
22 Suite, Apt. #, etc.	Suite, Apt. #, etc.
23 City & State	City & State
24 Zip	Country
25 Country	29 Zip
30 Country	

3. Date Incorporated or Qualified 08/11/1989		
4. FEI Number 22-2255980	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KEANE, CHRISTOPHER M	
STREET ADDRESS	12 PHEASANT RUN DR	
CITY-ST-ZIP	WILMINGTON DE 19810	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEMBER, MARVIN G	
STREET ADDRESS	248 EDMERE CT.	
CITY-ST-ZIP	OKLAHOMA CITY OK 73118	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWNELL, DARRELL	
STREET ADDRESS	2801 ATLANTIC AVE	
CITY-ST-ZIP	LONG BEACH CA 90801-5894	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GROSS, ROBERT E	
STREET ADDRESS	725 WINTER WIND WAY	
CITY-ST-ZIP	ROSWELL GA 30075	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SIENSA, ROBERT V.	
STREET ADDRESS	206 WILTSHIRE DRIVE	
CITY-ST-ZIP	KENNETT SQUARE PA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	O'BOYLE, MICHAEL	
STREET ADDRESS	768 STACY OAK WAY	
CITY-ST-ZIP	MILLERSVILLE MD 21108	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Office of the President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Byrnes Captial Partners	
1.3 STREET ADDRESS	Francis J. Byrnes/Eric R. Morrow	
1.4 CITY-ST-ZIP	74 Shady Knoll Drive	
2.1 TITLE	Stamford, CT 06903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	810 Northwest 15th Street	
2.3 STREET ADDRESS	Oklahoma City, OK 73106	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kevin R. Haggerty* Kevin R. Haggerty 302-323-7012

CR2E037 (10/97)