

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25602

FILED
Jan 20, 2005
Secretary of State

Entity Name: HOSPITAL BILLING & COLLECTION SERVICE, LTD. CORPORATION

Current Principal Place of Business:

RIVEREDGE PARK
118 LUKENS DR.
NEWCASTLE, DE 19720

New Principal Place of Business:

Current Mailing Address:

RIVEREDGE PARK
118 LUKENS DR.
NEWCASTLE, DE 19720

New Mailing Address:

FEI Number: 22-2255980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: BRYNES, FRANCIS
Address: 118 LUKENS DR
City-St-Zip: NEW CASTLE, DE 19720

Title: D () Delete
Name: PEMBER, MARVIN G
Address: 8130 N HICKORY APT 12-024
City-St-Zip: KANSAS CITY, MO 64118

Title: COB () Delete
Name: GRAYSON-FONTENOT, TARI
Address: 9050 AIRLINE HWY PO BOX 95009
City-St-Zip: BATON ROUGE, LA

Title: AT () Delete
Name: HAGGERTY, KEVIN
Address: 118 LUKENS DR
City-St-Zip: NEW CASTLE, DE 19720

Title: V () Delete
Name: SIENSA, ROBERT V
Address: 118 LUKENS DR
City-St-Zip: NEW CASTLE, DE 19720

Title: D () Delete
Name: ARNOLD, JACK
Address: 90 S SEVENTH ST STE 4400
City-St-Zip: MINNEAPOLIS, MN 55402

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN R. HAGGERTY

AT

01/20/2005

Electronic Signature of Signing Officer or Director

Date