

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90095 005 ****61.25

DOCUMENT # **P25602**

1. Entity Name

HOSPITAL BILLING & COLLECTION SERVICE, LTD. CORPORATION



Principal Place of Business

**RIVEREDGE PARK
118 LUKENS DR.
NEWCASTLE DE 19720**

Mailing Address

**RIVEREDGE PARK
118 LUKENS DR.
NEWCASTLE DE 19720**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number: **22-2255980**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEOx BRYNES, FRANCIS 249 W. TRAIL STANDFORD, CT 06903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOBx PEMBER, MARVIN G 8130 N HICKORY APT. 12-024 KANSAS CITY MO 64118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, GROVER 11 DURBORAW ROAD, SHERWOOD GREENE WILMINGTON DE 19840	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO MORROW, ERIC R 74 SHDAY KNOLL DR. STAMFORD CT 06903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIENSA, ROBERT V 209 WILTSHIRE DRIVE KENNETH SQUARE PA 08000	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WERTHEIM, ROBERT I 6 WHITEGATE DR. OLD BROOKVILLE NY 11545	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			TITLE NAME STREET ADDRESS CITY-ST-ZIP
			PCEO 118 Lukens Drive New Castle, DE 19720
			D Teri Grayson-Fontenot 9050 Airline Hwy, P.O. Box 95009 Baton Rouge, LA 95009
			COB Kevin R. Haggerty 118 Lukens Drive New Castle, DE 19720
			D Jack A. Arnold 90 S. Seventh St., Suite 4400 Minneapolis, MN 55402-4115

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kevin R. Haggerty* **Kevin R. Haggerty** 1/30/03 302-552-8057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR