

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000036486

**Entity Name:** HOSPITAL REVENUE MANAGEMENT, INC.

**Current Principal Place of Business:**

1519 BOETTLER ROAD  
UNIONTOWN, OH 44685

**Current Mailing Address:**

1519 BOETTLER ROAD  
UNIONTOWN, OH 44685 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

NORTHWEST REGISTERED AGENT LLC  
3030 NORTH ROCKY POINT DRIVE  
SUITE 150A  
TAMPA, FL 33607 US

*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:** DAN KEEN

03/09/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DTR  
Name ECKERT, RAYMOND  
Address 3570 EXECUTIVE DRIVE, SUITE 205A  
City-State-Zip: UNIONTOWN OH 44685

*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:** RAYMOND ECKERT

DTR

03/09/2013

Electronic Signature of Signing Officer/Director Detail

Date