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

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

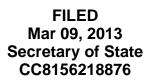
Officer/Director Detail :

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
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Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

Date