

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004047

FILED
Feb 24, 2015
Secretary of State
CC2289593087

Entity Name: HOSPITAL BILLING & COLLECTION SERVICES, LTD.
INCORPORATED

Current Principal Place of Business:

118 LUKENS DR
RIVEREDGE PARK
NEW CASTLE, DE 19720

Current Mailing Address:

118 LUKENS DR
RIVEREDGE PARK
NEW CASTLE, DE 19720

FEI Number: 22-2559860

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title COB
Name MCGUIRE, WILLIAM D
Address 118 LUKENS DR RIVEREDGE PARK
City-State-Zip: NEW CASTLE DE 19720

Title PCEO
Name WASILEWSKI, BRIAN J
Address 118 LUKENS DR RIVEREDGE PARK
City-State-Zip: NEW CASTLE DE 19720

Title V
Name HAGGERTY, KEVIN R
Address 118 LUKENS DR RIVEREDGE PARK
City-State-Zip: NEW CASTLE DE 19720

Title D
Name PETERS, DOUGLAS S
Address 118 LUKENS DR RIVEREDGE PARK
City-State-Zip: NEW CASTLE DE 19720

Title D
Name COLE, ROBERT CJR.
Address 118 LUKENS DR RIVEREDGE PARK
City-State-Zip: NEW CASTLE DE 19720

Title D
Name MANNING, MICHAEL T
Address 118 LUKENS DR RIVEREDGE PARK
City-State-Zip: NEW CASTLE DE 19720

Title DIRECTOR
Name O'CONNELL, BLAINE J
Address 118 LUKENS DRIVE
City-State-Zip: NEW CASTLE DE 19720

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: KEVIN R HAGGERTY

VICE PRESIDENT

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date