

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004047

FILED
Apr 22, 2021
Secretary of State
1881386288CC

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

Current Principal Place of Business:

118 LUKENS DRIVE
NEW CASTLE, DE 19720

Current Mailing Address:

118 LUKENS DRIVE
NEW CASTLE, DE 19720 US

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 DIRECTOR
Name MCGUIRE, WILLIAM D.
Address 118 LUKENS DRIVE
City-State-Zip: NEW CASTLE DE 19720

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

Title DIRECTOR
Name COLE, ROBERT C. JR.
Address 118 LUKENS DRIVE
City-State-Zip: NEW CASTLE DE 19720

Title DIRECTOR
Name PETERS, DOUGLAS
Address 118 LUKENS DRIVE
City-State-Zip: NEW CASTLE DE 19720

Title DIRECTOR
Name MANNING, MICHAEL
Address 118 LUKENS DRIVE
City-State-Zip: NEW CASTLE DE 19720

Title PRESIDENT
Name WASILEWSKI, BRIAN J.
Address 118 LUKENS DRIVE
City-State-Zip: NEW CASTLE DE 19720

Title TREASURER
Name HAGGERTY, KEVIN R.
Address 118 LUKENS DRIVE
City-State-Zip: NEW CASTLE DE 19720

Title SECRETARY
Name WASILEWSKI, BRIAN J.
Address 118 LUKENS DRIVE
City-State-Zip: NEW CASTLE DE 19720

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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

TREASURER

04/22/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCGUIRE, WILLIAM D.
Address 118 LUKENS DRIVE
City-State-Zip: NEW CASTLE DE 19720