

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000004047

**FILED**  
**Apr 12, 2023**  
**Secretary of State**  
**6134617082CC**

**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 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 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

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

Title DIRECTOR  
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:** BRIAN J. WASILEWSKI

**PRESIDENT**

**04/12/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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