2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004047

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

FILED Apr 15, 2024

Secretary of State

6308782094CC

Officer/Director Detail:

Title	PRESIDENT/CEO	Title	TREASURER/CFO
Name	WASILEWSKI, BRIAN J.	Name	HAGGERTY, KEVIN R.
Address	118 LUKENS DRIVE	Address	118 LUKENS DRIVE
City-State-Zip:	NEW CASTLE DE 19720	City-State-Zip:	NEW CASTLE DE 19720

Title CHAIRMAN OF THE BOARD Title **SECRETARY** Name WASILEWSKI, BRIAN J. Name MCGUIRE, WILLIAM D. Address 118 LUKENS DRIVE Address 118 LUKENS DRIVE City-State-Zip: NEW CASTLE DE 19720 City-State-Zip: NEW CASTLE DE 19720

Title DIRECTOR Title DIRECTOR

NameMCGUIRE, WILLIAM D.NameO'CONNELL, BLAINEAddress118 LUKENS DRIVEAddress118 LUKENS DRIVECity-State-Zip:NEW CASTLE DE 19720City-State-Zip:NEW CASTLE DE 19720

Title DIRECTOR Title DIRECTOR

NameCOLE, ROBERT C. JR.NamePETERS, DOUGLASAddress118 LUKENS DRIVEAddress118 LUKENS DRIVECity-State-Zip:NEW CASTLE DE 19720NEW 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/CEO

04/15/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Address

DIRECTOR Title Title DIRECTOR

MANNING, MICHAEL Name Name WASILEWSKI, BRIAN J. 118 LUKENS DRIVE

City-State-Zip: NEW CASTLE DE 19720 City-State-Zip: NEW CASTLE DE 19720

Address

118 LUKENS DRIVE