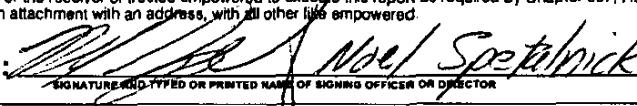


FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90160 005 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F02000004299		
1. Entity Name HEALTH RECEIVABLES MANAGEMENT, INC.		
Principal Place of Business 820 WEST JACKSON BLVD., STE. 725 CHICAGO, IL 60607		Mailing Address TAX DEPT 401 PARK AVE SOUTH NEW YORK, NY 10016
2. Principal Place of Business		3. Mailing Address 318 Wall Street
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State Princeton, NJ
Zip	Country	Zip 08540 Country USA
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
7. Name and Address of New Registered Agent		
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD <input checked="" type="checkbox"/> Delete NAME HOLSTER, ROBERT STREET ADDRESS 401 PARK AVENUE SOUTH CITY-ST-ZIP NEW YORK, NY 10016		TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Richard Lipacke STREET ADDRESS 318 Wall Street CITY-ST-ZIP Princeton, NJ 08540
TITLE SD <input checked="" type="checkbox"/> Delete NAME MOISEENKO, ELENA STREET ADDRESS 401 PARK AVENUE SOUTH CITY-ST-ZIP NEW YORK, NY 10018		TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Noel Sosztanick STREET ADDRESS 318 Wall Street CITY-ST-ZIP Princeton, NJ 08540
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lists empowered.		
SIGNATURE: 		Date 4/28/06 Daytime Phone # 609-497-2411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		