

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004299

FILED  
Feb 11, 2008  
Secretary of State

Entity Name: HEALTH RECEIVABLES MANAGEMENT, INC.

## Current Principal Place of Business:

7800 W OAKLAND PARK  
SUNRISE, FL 33351

## New Principal Place of Business:

## Current Mailing Address:

400 PERIMETER CENTER TERRACE  
249  
ATLANTA, GA 30346

## New Mailing Address:

2 BROAD STREET  
SUITE 603  
BLOOMFIELD, NJ 07003

FEI Number: 04-2935780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEAN, MICHAEL J  
1425 SAN MATEO DRIVE  
DUNEDIN, FL 34698 US

## Name and Address of New Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: THERESA LENNON, ASSISTANT SECRETARY

02/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete  
Name: SANAN, SATISH  
Address: 400 PERIMETER CENTER TERRACE - SUITE 249  
City-St-Zip: ATLANTA, GA 30346

Title: CFOD ( ) Delete  
Name: DEAN, MICHAEL J  
Address: 1425 SAN MATEO DRIVE  
City-St-Zip: DUNEDIN, FL 34698

Title: EVPD ( ) Delete  
Name: SANAN, CHEMAIN  
Address: 400 PERIMETER CENTER TERRACE  
City-St-Zip: ATLANTA, GA 30346

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: DEVOE, ANDREW  
Address: 2 BROAD STREET, SUITE 603  
City-St-Zip: BLOOMFIELD, NJ 07003

Title: VP (X) Change ( ) Addition  
Name: SEN, ARNAB  
Address: 2 BROAD STREET, SUITE 603  
City-St-Zip: BLOOMFIELD, NJ 07003

Title: TREA (X) Change ( ) Addition  
Name: CHOPRA, RAMESH  
Address: 2 BROAD STREET, SUITE 603  
City-St-Zip: BLOOMFIELD, NJ 07003

Title: SECR ( ) Change (X) Addition  
Name: REDDY, SHILPA  
Address: 2 BROAD STREET, SUITE 603  
City-St-Zip: BLOOMFIELD, NJ 07003

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RAMESH CHOPRA

TREA

02/11/2008

Electronic Signature of Signing Officer or Director

Date