

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004299

FILED
Mar 24, 2009
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:

7800 W. OAKLAND PARK BLVD., BLDG C, STE 30
SUNRISE, FL 33351

Current Mailing Address:

2 BROAD STREET
SUITE 603
BLOOMFIELD, NJ 07003

New Mailing Address:

7800 W. OAKLAND PARK BLVD., BLDG C, STE 30
SUNRISE, FL 33351

FEI Number: 04-2935780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: DEVOE, ANDREW PCEO
Address: 7800 W. OAKLAND PARK BLVD., BLDG C, # 306
City-St-Zip: SUNRISE, FL 33351

Title: VP (X) Change () Addition
Name: DOMENECH, RIDDA
Address: 7800 W. OAKLAND PARK BLVD., BLDG C, # 306
City-St-Zip: SUNRISE, FL 33351

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANNE MEYER

POA

03/24/2009

Electronic Signature of Signing Officer or Director

Date