

2010 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 21, 2010
Secretary of State

Entity Name: HEALTH RECEIVABLES MANAGEMENT, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

2 BROAD STREET
SUITE 603
BLOOMFIELD, NJ 07003 US

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
Name: DEVOE, ANDREW
Address: 2 BROAD STREET SUITE 603
City-St-Zip: BLOOMFIELD, NJ 07003 US

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

Title: TRES
Name: CHOPRA, RAMESH
Address: 2 BROAD STREET SUITE 603
City-St-Zip: BLOOMFIELD, NJ 07003 US

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

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: RAMESH CHOPRA

TREA

01/21/2010

Electronic Signature of Signing Officer or Director

Date