2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2011
Secretary of State

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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:

7800 W. OAKLAND PARK BLVD.,
BLDG C, STE 306
SUNRISE, FL 33351

Current Mailing Address:

2 BROAD STREET
SUITE 603
BLOOMFIELD, NJ 07003 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: FERRELL, KAREN
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 CHOPRAN TREA 02/25/2011

Electronic Signature of Signing Officer or Director Date