**FILED**
**May 07, 2003 8:00 am**
**Secretary of State**
05-07-2003 90168 001 ***158.75

00119000

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000004299

1. Entity Name
HEALTH RECEIVABLES MANAGEMENT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 820 WEST JACKSON BLVD., STE. 725<br>CHICAGO, IL 60607 | 820 WEST JACKSON BLVD., STE. 725<br>CHICAGO, IL 60607 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| SAME As Above | TAX Dept |
| Suite, Apt. #, etc. | 401 Park Ave South |
| City & State | New York NY |
| Zip / Country | 10016 / Country |

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-2935780 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when changing

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | OP<br>MILLER, WILLIAM III<br>401 PARK AVENUE SOUTH<br>NEW YORK, NY 10016 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | OVP<br>HOLSTER, ROBERT<br>401 PARK AVENUE SOUTH<br>NEW YORK, NY 10016 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>ARENDT, KATHY<br>401 PARK AVENUE SOUTH<br>NEW YORK, NY 10016 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

**SIGNATURE:** Robert Holster 4/30/03 212-857-5758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #