


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90026 004 ***150.00

DOCUMENT # F99000002806

1. Entity Name
AHC-THE HEALTHCARE RECEIVABLES MANAGEMENT COMPANY, INC.



Principal Place of Business 301 YAMATO ROAD SUITE 4200 BOCA RATON, FL 33431	Mailing Address 301 YAMATO ROAD SUITE 4200 BOCA RATON, FL 33431
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40111498



2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1101 MAIN ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07072008 Chg-P CR2E034 (12/06)

City & State	City & State PEORIA IL	4. FEI Number 58-2463490	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip 61606	Country PEORIA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33314

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008


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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE P NAME REID, LAWRENCE A STREET ADDRESS 301 YAMATO RD, STE 4200 CITY-ST-ZIP BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete
TITLE ST NAME MILLER, KURT STREET ADDRESS 6 CONCOURSE PKWY, STE 2920 CITY-ST-ZIP ATLANTA, GA 30328	<input type="checkbox"/> Delete
TITLE CEO NAME LANGSAM, DAVID CEO STREET ADDRESS 301 YAMATO RD, STE 4200 CITY-ST-ZIP BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME ROBERT CUTRONE STREET ADDRESS 6 CONCOURSE PKWY, STE 2920 CITY-ST-ZIP ATLANTA GA 30328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ASST. SEC NAME P. MICHAEL HARRISON STREET ADDRESS 6 CONCOURSE PKWY, STE 2920 CITY-ST-ZIP ATLANTA GA 30328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-08 **770-512-3675**
Date Daytime Phone #