

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002806

FILED
Jun 23, 2009
Secretary of State

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

Current Principal Place of Business:

301 YAMATO ROAD
SUITE 4200
BOCA RATON, FL 33431

New Principal Place of Business:

New Mailing Address:

6 CONCOURSE PARKWAY
STE 2920
ATLANTA, GA 30328

Current Mailing Address:

1101 MAIN ST
PEORIA, IL 61606

FEI Number: 58-2463490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CUTRONE, ROBERT
Address: 6 CONCOURSE PKWY, STE 2920
City-St-Zip: ATLANTA, GA 30328

Title: ST () Delete
Name: MILLER, KURT
Address: 6 CONCOURSE PKWY, STE 2920
City-St-Zip: ATLANTA, GA 30328

Title: AS () Delete
Name: HARRISON, MICHAEL P
Address: 6 CONCOURSE PKWY, STE 2960
City-St-Zip: ATLANTA, GA 30328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LUTZ, PATRICK
Address: 301 YAMATO ROAD, STE 4200
City-St-Zip: BOCA RATON, FL 33431

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: KRISTIN TORNESE

ACCT

06/23/2009

Electronic Signature of Signing Officer or Director

_____ Date