

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002806

**FILED**  
**Mar 01, 2011**  
**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:**

**Current Mailing Address:**

6 CONCOURSE PARKWAY  
STE 2920  
ATLANTA, GA 30328

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PICKELL, DEREK  
Address: 301 YAMATO ROAD, STE 4200  
City-St-Zip: BOCA RATON, FL 33431

Title: S  
Name: LANGENBERG, JACK  
Address: 6 CONCOURSE PKWY, STE 2920  
City-St-Zip: ATLANTA, GA 30328

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: JACK LANGENBERG

S

03/01/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date