


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90012 019 ***150.00

DOCUMENT # P01000007526 1. Entity Name HEALTHCARE RECEIVABLES MANAGEMENT, INC.					
Principal Place of Business 3015 N OCEAN BLVD., #11K FORT LAUDERDALE, FL 33308			Mailing Address 3015 N OCEAN BLVD., #11K FORT LAUDERDALE, FL 33308		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1070749	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LEVINE, MELISSA S 512 BAYSHORE DRIVE #202 FT LAUDERDALE, FL 33304				7. Name and Address of New Registered Agent Name Melissa S Mancini Street Address (P.O. Box Number is Not Acceptable) 3015 N Ocean Blvd #11K City Fort Lauderdale FL Zip Code 33308	
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 <i>Melissa S Mancini</i> DATE 5/1/04 <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete D LEVINE, MELISSA S 2900 NE 30 STREET #10M FT LAUDERDALE, FL 33306	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Melissa S. Levine Mancini 3015 N Ocean Blvd #11K Fort Lauderdale FL 33308		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete D MANCINI, JAMES A 2900 NE 30 STREET #10M FT LAUDERDALE, FL 33306	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition James A Mancini 3015 N Ocean Blvd #11K Fort Lauderdale FL 33308		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Add <input type="checkbox"/> Delete	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"/> Add <input type="checkbox"/> Delete	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"/> Add <input type="checkbox"/> Delete	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"/> Add <input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(f), 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: <i>Melissa S Mancini</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 5/1/04 Daytime Phone # (954) 816 3957			

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