

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P25602 (4)

1. Corporation Name

HOSPITAL BILLING & COLLECTION SERVICE, LTD. CORP  
ORATION



Principal Place of Business

Mailing Address

TWO PENN'S WAY  
STE. 300  
NEWCASTLE DE 19720

TWO PENN'S WAY  
STE. 300  
NEWCASTLE DE 19720

3. Date Incorporated or Qualified  
08/11/1989

3a. Date of Last Report  
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

22-2255980

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE  
NAME VALDEZ, GILBERT A  
STREET ADDRESS 421-C CONCORD STREET  
CITY-ST-ZIP HAVRE DE GRACE MD

1.1 TITLE President & CEO ☒ Change ☐ Addition  
1.2 NAME Christopher M. Keane  
1.3 STREET ADDRESS 12 Pheasant Run Dr.  
1.4 CITY-ST-ZIP Wilmington, DE 19810

TITLE D ☐ DELETE  
NAME MCLAUGHLIN, RONALD, C  
STREET ADDRESS 11201 N 52ND ST  
CITY-ST-ZIP SCOTTSDALE AZ

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE CD ☒ DELETE  
NAME PETERSON, ROGER, A  
STREET ADDRESS 2404 HARRIET LEA  
CITY-ST-ZIP SIOUX FALLS SD

3.1 TITLE Chairman of the Board ☒ Change ☐ Addition  
3.2 NAME Darrel Brownell  
3.3 STREET ADDRESS 2801 Atlantic Avenue  
3.4 CITY-ST-ZIP Long Beach, CA 90801-5694

TITLE V ☐ DELETE  
NAME KEANE, CHRISTOPHER M.  
STREET ADDRESS 12 PHEASANT RUN DR.  
CITY-ST-ZIP WILMINGTON DE

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME SIENSA, ROBERT V.  
STREET ADDRESS 206 WILTSHIRE DRIVE  
CITY-ST-ZIP KENNETT SQUARE PA

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME ROMERO, VICKI  
STREET ADDRESS 18320 WILDLIFE WAY  
CITY-ST-ZIP BATON ROUGE LA

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christopher M. Keane Christopher M. Keane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)