

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 19720-2402

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/11/1989

3a. Date of Last Report

02/28/1996

4. FEI Number

22-2255980

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

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 KEANE, CHRISTOPHER M
STREET ADDRESS 12 PHEASANT RUN DR
CITY-ST-ZIP WILMINGTON DE 19810

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 Pember, Marvin G.
2.3 STREET ADDRESS 248 Edgemere Ct.
2.4 CITY-ST-ZIP Oklahoma City, OK 73118

TITLE CD ☐ DELETE
NAME BROWNELL, DARRELL
STREET ADDRESS 2801 ATLANTIC AVE
CITY-ST-ZIP LONG BEACH CA 90801-5894

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME D
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 Gross, Robert E.
4.3 STREET ADDRESS 725 Winter Wind Way
4.4 CITY-ST-ZIP Roswell, GA 30075

TITLE V ☐ DELETE
NAME SIENSA, ROBERT V.
STREET ADDRESS 208 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 O'Boyle, Michael
6.3 STREET ADDRESS 768 Stacy Oak Way
6.4 CITY-ST-ZIP Millersville, MD 21108

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

APPROVED
AND
FILED

57 JUN 23 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CP2E037 (9/96)

A. Alper
6/23/97

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