

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P25602 (4)**  
1. Corporation Name  
**HOSPITAL BILLING & COLLECTION SERVICE, LTD. CORPORATION**

Principal Place of Business <b>TWO PENN'S WAY STE. 300 NEWCASTLE DE 19720</b>	Mailing Address <b>TWO PENN'S WAY STE. 300 NEWCASTLE DE 19720</b>
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified <b>08/11/1989</b>	4. FEI Number <b>22-2255980</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P <b>KEANE, CHRISTOPHER M</b> 12 PHEASANT RUN DR WILMINGTON DE 19810
NAME	D <b>PEMBER, MARVIN G</b> 248 EDGEWATER CT. OKLAHOMA CITY OK 73118
STREET ADDRESS	D <b>BROWNELL, DARRELL</b> 2801 ATLANTIC AVE LONG BEACH CA 90801-5894
CITY-ST-ZIP	V <b>GROSS, ROBERT E</b> 725 WINTER WIND WAY ROSWELL GA 30075
TITLE	V <b>SIENSA, ROBERT V.</b> 206 WILTSHIRE DRIVE KENNETT SQUARE PA
NAME	CD <b>O'BOYLE, MICHAEL</b> 768 STACY OAK WAY MILLERSVILLE MD 21108
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Office of the President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Byrnes Captial Partners
1.3 STREET ADDRESS	Francis J. Byrnes/Eric R. Morrow
1.4 CITY-ST-ZIP	74 Shady Knoll Drive
2.1 TITLE	Stamford, CT 06903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	810 Northwest 15th Street
2.3 STREET ADDRESS	Oklahoma City, OK 73106
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Kevin R. Haggerty* Kevin R. Haggerty 302-323-7012

CR2E037 (10/97)