

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90113 029 ****61.25

DOCUMENT # P25602

1. Corporation Name

HOSPITAL BILLING & COLLECTION SERVICE, LTD. CORPORATION

Principal Place of Business

**TWO PENN'S WAY
STE. 300
NEWCASTLE DE 19720**

Mailing Address

**TWO PENN'S WAY
STE. 300
NEWCASTLE DE 19720**



2. Principal Place of Business **Riveredge Park** 2a. Mailing Address **Riveredge Park**

21 **118 Lukens Drive**

26 **118 Lukens Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **New Castle, DE**

28 **New Castle, DE**

Zip Country

Zip Country

24 **19720** 25 **USA**

29 **19720** 30 **USA**

3. Date Incorporated or Qualified

08/11/1989

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

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

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

TITLE **P** ☒ DELETE
NAME **KEANE, CHRISTOPHER M**
STREET ADDRESS **12 PHEASANT RUN DR**
CITY-ST-ZIP **WILMINGTON DE 19810**

TITLE **D** ☐ DELETE
NAME **PEMBER, MARVIN G**
STREET ADDRESS **248 EDMERE CT.**
CITY-ST-ZIP **OKLAHOMA CITY OK 73118**

TITLE **D** ☐ DELETE
NAME **BROWNELL, DARRELL**
STREET ADDRESS **2801 ATLANTIC AVE**
CITY-ST-ZIP **LONG BEACH CA 90801-5694**

TITLE **V** ☒ DELETE
NAME **GROSS, ROBERT E**
STREET ADDRESS **725 WINTER WIND WAY**
CITY-ST-ZIP **ROSWELL GA 30075**

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

TITLE **CD** ☐ DELETE
NAME **O'BOYLE, MICHAEL**
STREET ADDRESS **768 STACY OAK WAY**
CITY-ST-ZIP **MILLERSVILLE MD 21108**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Co-President** ☐ Change ☒ Addition
1.2 NAME **Francis J. Brynes**
1.3 STREET ADDRESS **Brynes Capital Partners**
1.4 CITY-ST-ZIP **74 Shady Knoll Drive
Stamford, CT 06903**

2.1 TITLE **Co-President** ☐ Change ☒ Addition
2.2 NAME **Eric R. Morrow**
2.3 STREET ADDRESS **Brynes Capital Partners**
2.4 CITY-ST-ZIP **74 Shady Knoll Drive
Stamford, CT 06903**

3.1 TITLE **VP - Administration & CFO** ☐ Change ☒ Addition
3.2 NAME **Kevin R. Haggerty**
3.3 STREET ADDRESS **419 Karen Lane**
3.4 CITY-ST-ZIP **Wallingford, PA 19806**

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

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

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Kevin R. Haggerty

(302) 552-8057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)