2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2001 8:00 am Secretary of State **DOCUMENT # P25602** 1. Entity Name HOSPITAL BILLING & COLLECTION SERVICE, LTD. CORP 01-31-2001 90046 042 ****61.25 Principal Place of Business Mailing Address RIVEREDGE PARK RIVEREDGE PARK 118 LUKENS DR. 118 LUKENS DR. 1.111.19193 NEWCASTLE DE 19720 **NEWCASTLE DE 19720** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 22-2255980----Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to П FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. CEO TITLE ☐ Delete TITLE ☐ Change ☐ Addition **BRYNES. FRANCIS** NAME NAME 249 W TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STANDFORD CT 06903 CITY-ST-ZIP TITLE COB ☐ Delete TITLE ☐ Change ☐ Addition NAME PEMBER, MARVIN G NAME STREET ADDRESS 8130 N HICKORY APT 12-024 STREET ADDRESS CITY-ST-ZIP KANSAS CITY MO 64118 CITY-ST-ZIP TITLE ☑ Delete STD BROWN, GROVER C. TITLE ☐ Change Addition **BROWNELL, DARRELL** NAME II DURBORAW ROAD, SHERWOOD GREENE STREET ADDRESS 48 BELCOURT DR NORTH STREET ADDRESS CITY-ST-7IP **NEWPORT BEACH CA 92660** CITY-ST-ZIP WILMINGTON, DE 19810 PC00 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MORROW, ERIC R NAME NAME STREET ADDRESS 74 SHDAY KNOLL DR. STREET ADDRESS CITY-ST-ZIP STAMFORD CT 06903 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SIENSA, ROBERT V NAME NAME STREET ADDRESS 206 WILTSHIRE DRIVE STREET ADDRESS CITY-ST-ZIP **KENNETT SQUARE PA 0000** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition O'BOYLE, MICHEAL NAME NAME STREET ADDRESS 768 STACY OAK WAY STREET ADDRESS CITY-ST-ZIP MILLERSVILLE MD 21108 CITY-ST-ZIP 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 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 617, 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.

HBCS® BOARD OF TRUSTEES AND HBCS® OFFICERS BUSINESS/HOME ADDRESSES AND TELEPHONE NUMBERS December 2000

C0013159 #P25602

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