

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90095 005 ****61.25

DOCUMENT # P25602

1. Entity Name

HOSPITAL BILLING & COLLECTION SERVICE, LTD. CORPORATION



Principal Place of Business

**RIVEREDGE PARK
118 LUKENS DR.
NEWCASTLE DE 19720**

Mailing Address

**RIVEREDGE PARK
118 LUKENS DR.
NEWCASTLE DE 19720**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number: **22-2255980**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
<input checked="" type="checkbox"/>	GEOX	BRYNES, FRANCIS	249 W. TRAIL	<input type="checkbox"/>
			STANFORD CT 06903	
<input checked="" type="checkbox"/>	COOBX	PEMBER, MARVIN G	8130 N HICKORY APT. 12-024	<input type="checkbox"/>
			KANSAS CITY MO 64118	
<input checked="" type="checkbox"/>	STD	BROWN, GROVER	11 DURBORAW ROAD, SHERWOOD GREENE	<input type="checkbox"/>
			WILMINGTON DE 19840	
<input checked="" type="checkbox"/>	PCOO	MORROW, ERIC R	74 SHDAY KNOLL DR.	<input type="checkbox"/>
			STAMFORD CT 06903	
<input checked="" type="checkbox"/>	V	SIENSA, ROBERT V	209 WILSHIRE DRIVE	<input type="checkbox"/>
			KENNETH SQUARE PA 08000	
<input checked="" type="checkbox"/>	D	WERTHEIM, ROBERT I	6 WHITEGATE DR.	<input type="checkbox"/>
			OLD BROOKVILLE NY 11545	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
<input checked="" type="checkbox"/>	PCEO	118 Lukens Drive	New Castle, DE 19720	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	D			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	COB	Teri Grayson-Fontenot	9050 Airline Hwy, P.O. Box 95009	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Baton Rouge, LA 95009		
<input type="checkbox"/>	CFO (Acting Treasurer)	Kevin R. Haggerty	118 Lukens Drive	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			New Castle, DE 19720		
<input checked="" type="checkbox"/>	D	118 Lukens Drive	New Castle, DE 19720	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	D	Jack A. Arnold	90 S. Seventh St., Suite 4400	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Minneapolis, MN 55402-4115		

CR2E037 (10/02)

12. 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.

SIGNATURE: *Kevin R. Haggerty* **Kevin R. Haggerty** 1/30/03 302-552-8057