

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90426 047 \*\*\*150.00

0656339 AT

DOCUMENT # F00000003368



1. Entity Name  
HBS BILLING SERVICES COMPANY

Principal Place of Business  
4242 MEDICAL DRIVE, STE 2100  
SAN ANTONIO TX 78229

Mailing Address  
4242 MEDICAL DRIVE, STE 2100  
SAN ANTONIO TX 78229



2. Principal Place of Business  
9255 Corbin Ave.  
Suite, Apt. #, etc.

3. Mailing Address  
2700 Patriot Blvd.  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
Northridge, CA

City & State  
Glenview, IL

4. FEI Number 74-2951759

Applied For  
Not Applicable

Zip Country  
91324 USA

Zip Country  
60025 USA

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

C T CORPORATION SYSTEM  
1200 SOUTH 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOX, MD, HAROLD 4242 MEDICAL DR., STE 2100 SAN ANTONIO TX	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FEHSEL, MERCEDES 190 S. LASALLE ST., STE 1710 CHICAGO IL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCORMICK, SCOT 190 S. LASALLE ST., STE 1710 CHICAGO IL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HAYNES III, PATRICK J 190 S. LASALLE ST., STE 1710 CHICAGO IL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Thomas C. Ratchford 2700 Patriot Blvd. #150 Glenview, IL 60025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael J. Labedz 2700 Patriot Blvd. #150 Glenview, IL 60025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Mercedes Fehsel 2700 Patriot Blvd. #150 Glenview, IL 60025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Patrick J. Haynes III 2700 Patriot Blvd. #150 Glenview, IL 60025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: [Signature] DATE: 4-15-03 DAYTIME PHONE #: 849-832-0077

CR2E034 (10/02)