



**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90185 014 \*\*\*150.00

DOCUMENT # F0000003368					
1. Entity Name HBS BILLING SERVICES COMPANY					
Principal Place of Business 7411 JOHN SMITH DR STE 200 SAN ANTONIO, TX 78229			Mailing Address 2700 PATRIOT BLVD STE 150 GLENVIEW, IL 60026		
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 74-2951759	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISHAM, ROBERT T JR		NAME	Isham, Robert T. Jr.	
STREET ADDRESS	2700 PARTIOT BLVD #150		STREET ADDRESS	2700 Patriot Blvd, #150	
CITY-ST-ZIP	GLENVIEW, IL 60026		CITY-ST-ZIP	Glenview, IL 60026	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKS, ERIK		NAME	RATCHFORD, THOMAS C.	
STREET ADDRESS	111 HUNTINGTON AVE # 30		STREET ADDRESS	2700 Patriot Blvd, #150	
CITY-ST-ZIP	BOSTON, MA 02199		CITY-ST-ZIP	Glenview, IL 60026	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABEDZ, MICHAEL J		NAME	LABEDZ MICHAEL J.	
STREET ADDRESS	2700 PATRIOT BLVD #150		STREET ADDRESS	2700 Patriot Blvd, #150	
CITY-ST-ZIP	GLENVIEW, IL 60026		CITY-ST-ZIP	Glenview, IL 60026	
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES III, PATRICK J		NAME		
STREET ADDRESS	2700 PATRIOT BLVD #150		STREET ADDRESS		
CITY-ST-ZIP	GLENVIEW, IL 60026		CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE	CFO, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHIPPS, NORMAN M		NAME	Phipp's Norman M.	
STREET ADDRESS	2700 PATRIOT BLVD # 150		STREET ADDRESS	2700 Patriot Blvd, #150	
CITY-ST-ZIP	GLENVIEW NAS, IL 60026		CITY-ST-ZIP	Glenview, IL 60026	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEHSEL, MERCEDES		NAME		
STREET ADDRESS	2700 PATRIOT BLVD # 150		STREET ADDRESS		
CITY-ST-ZIP	GLENVIEW, IL 60026		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		ASST. SEC		5-3-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	