


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90086 044 \*\*\*150.00

**DOCUMENT # F03000002737**

1. Entity Name  
**ACI BILLING SERVICES, INC.**



Principal Place of Business  
**7411 JOHN SMITH DR  
 STE 200  
 SAN ANTONIO, TX 78229**

Mailing Address  
**2700 PATRIOT BLVD STE 150  
 GLENVIEW NAS, IL 60026**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
**7411 John Smith Dr.  
 200**

City & State  
**San Antonio, TX**

Zip  
**78229**

40063107



04092007 Chg-P CR2E034 (12/06)

4. FEI Number  
**36-4457405**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LABEDZ, MICHAEL 2700 PATRIOT BOULEVARD, SUITE 150 GLENVIEW, IL 60025	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ISHAM, ROBERT T JR. 2700 PATRIOT BOULEVARD, SUITE 150 GLENVIEW, IL 60025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FEHSEL, MERCEDES 2700 PATRIOT BOULEVARD, SUITE 150 GLENVIEW, IL 60025	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYNES, PATRICK J III 2700 PATRIOT BOULEVARD, SUITE 150 GLENVIEW, IL 60025	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD PHIPPS, NORMAN M 2700 PATRIOT BLVD, STE 150 GLENVIEW, IL 60025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROUCKMAN, RANDALL 2700 PATRIOT BLVD SUITE 150 GLENVIEW, IL 60026	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas C. Ratchford 7411 John Smith Dr Suite 200 San Antonio, TX 78229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 7411 John Smith Dr Suite 200 San Antonio TX 78229	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Greg M. Carter 7411 John Smith Dr Suite 200 San Antonio, TX 78229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD 7411 John Smith Dr Suite 200 San Antonio, TX 78229	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7411 John Smith Dr Suite 200 San Antonio, TX 78229	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kenneth A. Prinz* **Kenneth A. Prinz** 4/11/07 (210) 949-7069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

40063107

# F03000002737

**ACI BILLING SERVICES, INC.**  
7411 John Smith Drive Suite 200  
San Antonio, Texas 78229-4898  
(210) 949-7000

OFFICERS -	Name	Address	
V	Kenneth A. Prinz	7411 John Smith Dr. Suite 200	San Antonio, Texas 78229
V	Christopher Smith	7411 John Smith Dr. Suite 200	San Antonio, Texas 78229
S	Kelli Cubeta	7411 John Smith Dr. Suite 200	San Antonio, Texas 78229