

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandella B. Merham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V40469** (1)
1. Corporation Name
HEALTHCARE FINANCIAL SOLUTIONS, INC.



Principal Place of Business Mailing Address
999 S BAYSHORE DRIVE #707
MIAMI FL 33131

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date incorporated or Qualified **06/02/1992** 3a. Date of Last Report **06/19/1995**
4. FEI Number **65-0425194** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RAHICKI, DONALD J
999 S BAYSHORE DRIVE #707
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent or the person who is the registered agent's authorized representative.

Signature of the registered agent or the person who is the registered agent's authorized representative.

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	PTS			☐
	RAHICKI, DONALD J.			
	999 SO. BAYSHORE DR. #707			
	MIAMI FL			
				☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
11				☐	☐	☐
12				☐	☐	☐
13				☐	☐	☐
14				☐	☐	☐
21				☐	☐	☐
22				☐	☐	☐
23				☐	☐	☐
24				☐	☐	☐
31				☐	☐	☐
32				☐	☐	☐
33				☐	☐	☐
34				☐	☐	☐
41				☐	☐	☐
42				☐	☐	☐
43				☐	☐	☐
44				☐	☐	☐
51				☐	☐	☐
52				☐	☐	☐
53				☐	☐	☐
54				☐	☐	☐
61				☐	☐	☐
62				☐	☐	☐
63				☐	☐	☐
64				☐	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 or person in possession of the corporation, and that my signature appears in Book 12 or Book 13 of the records of the Department of State, or on an attachment with an address.

SIGNATURE: *Donald J. Rahicki*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD J. RAHICKI

Apr. 29, 1996 (305) 372-5102

CR2E034 (12/95)