

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

FILED
Oct 01, 2002 8:00 am
Secretary of State

10-01-2002 90175 033 ***150.00

DOCUMENT # F00000000786

1. Entity Name

The HealthCare Financial Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3033 S Parker Rd #1000

Suite, Apt. #, etc.

3. Mailing Address

3033 S Parker Rd #1000

Suite, Apt. #, etc.

City & State

Aurora, Colorado

City & State

Aurora, Colorado

4. FEI Number

84-1134236

Applied For

Not Applicable

Zip

80014

Country

USA

Zip

80014

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Hynek, Lawrence E.

16450 Gulf Blvd., #463

City
N. Redington Beach

FL

Zip Code
33708

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PCD
Hynek, Lawrence E.
3033 S Parker Rd #1000
Aurora, CO 80014

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
Shimer, Kerry L.
3033 S Parker Rd #1000
Aurora CO 80014

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
Kramer, Charles E.
3033 S Parker Rd #1000
Aurora CO 80014

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Kochevar, William J.
3033 S Parker Rd #1000
Aurora CO 80014

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Lortscher, Randall H.
3033 S Parker Rd #1000
Aurora, CO 80014

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment

678617
#F0000000786



September 24, 2002

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Annual Uniform Business Report

Enclosed please find the Uniform Business Report for The HealthCare Financial Group, Inc.
(document #F00000000786).

We are requesting that the late filing penalty be waived as we never received the original filing form. The form may have been lost in the mail as we moved our corporate office in early March 2002. The address change was filed with the State on March 18, 2002.

If you have any questions or need further information please contact me at (303) 923-0361.

Sincerely,

Stacy Rivera
Marketing Specialist
The HealthCare Financial Group, Inc.