

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000000786

FILED
Apr 24, 2003
Secretary of State

Entity Name: THE HEALTHCARE FINANCIAL GROUP OF COLORADO, INC.

Current Principal Place of Business:

3033 S PARKER RD #1000
AURORA, CO 80014

New Principal Place of Business:

Current Mailing Address:

3033 S PARKER RD #1000
AURORA, CO 80014

New Mailing Address:

FEI Number: 84-1134236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYNEK, LAWRENCE E
16450 GULF BLVD #463
N. REDINGTON, FL 33708 US

Name and Address of New Registered Agent:

HYNEK, LAWRENCE E
16450 GULF BLVD #463
N. REDINGTON BEACH, FL 33708 US

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:

04/24/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: HYNEK, LAWRENCE E
Address: 3033 S PARKER RD #1000
City-St-Zip: AURORA, CO 80014

Title: SD () Delete
Name: SHIMER, KERRY
Address: 3033 S PARKER RD #1000
City-St-Zip: AURORA, CO 80014

Title: TD () Delete
Name: KRAMER, CHARLES E
Address: 3033 S PARKER RD #1000
City-St-Zip: AURORA, CO 80014

Title: D () Delete
Name: KOCHVAR, WILLIAM J
Address: 3033 S PARKER RD #1000
City-St-Zip: AURORA, CO 80014

Title: D () Delete
Name: LORTSCHER, RANDALL
Address: 3033 S PARKER RD #1000
City-St-Zip: AURORA, CO 80014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE E HYNEK

PCD

04/24/2003

Electronic Signature of Signing Officer or Director

Date