	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.		
	PLICATION FOR STATEMENT		DEPARTMEN Glenda E. Ho Secretary of S VISION OF CORPOR	ood tate		FILED 12 PM 12: 28		
DOCUMENT # F0200001085 1. Corporation Name FINANCIAL HEALTHCARE ASSOCIATES, INC.					SECRETARY OF STATE TALLAHASSEE, PLORIDA			
1388 RIVERS LAKEWOOD	ace of Business SIDE DRIVE. SUITE 100 OH 41107 WRON 9 ZIP ddresses are incorrect in any way, line thro	DE DRIVE. SUITE 100 DH 41107 WRAP Z		=RENSTATEMENT 103-204				
2. New Principal Office Address, If Applicable 3. New Maili 20595 LURAIN AVE Suite, Apt. #, etc. Suite, Apt. #,			ng Office Address, If		Date Incorporated or Qualified To Do Business in Florida O2/28/2002 FEI Number Applied For			
44126 Country Zip 44121			Country U		6. CERTIFICATE		5 Additio	Not Applicable onal Fee required icate of Status
7. Names a	nd Street Addresses of Each Officer and/or Director (Florida nonprofit of Name of Officers and/or Directors 3			ations must list at lead eet Address of Each ficer and/or Director A/W AVENU)	City / State / Zip 4 FAIRVICE PARK, OHIO		
PCD	REESE, BRIAN M HYLAND, JAMES C		1388 RIVERSIDE DRIVE, SUITE 100 1496 SOUTH GREEN RP 1388 RIVERSIDE DRIVE, SUITE 100			LAKEWOOD OH 41107 SOUTH ERCLID, C LAKEWOOD OH 41107	Z.	44107 44121
D	MCDONNELL, ROBERT C	13909 LAKE AVENUE WEBB ROAD			LAKEWOOD OH 41107			
			12716/0301012003 *** 150.00 20025512712 02/12/0401023019 *** 150.00					
*** •	9. Name and Address of Current I	Pogistared & a	ant and	1	Q. Nome and A	address of New Registered		<u>J. UU</u>
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Suite, Apt. #, Etc.				
10. I, being	g appointed the registered agent of the abo	ve named corp	oration, am familiar w	ith and accept the o	bligations of Secti	on 607.0505, F.S. or 617.050	5, F.S.	
Signature of Registered Agent Date 1 Z 8 3								
this rein	that I am an officer or director or the receives statement application, the reason for dissort the corporation have been paid and the results.	lution has beer	eliminated, the corpo	orate name satisfies	the requirements	of section 607.0401 or 617.04	101, F.S.,	that all fees

owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SEQUENCE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 10 03 237-1700

OFFICE: (216) 291-1496 FAX: (216) 291-3393

JAMES C. HYLAND, CPA 1496 SOUTH GREEN ROAD SOUTH EUCLID, OHIO 44121

12/8/2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida
32314-6327

re: Financial Healthcare Associates, Inc. F02000001085

2003 Uniform Business Report

To Whom It May Concern:

Enclosed is a reinstatement check in the amount of \$150.00. We do not believe that we received the original form(s) to file and respectfully request an abatement of any———penalties for late filing. Please note that the zip code on the enclosed pre-printed reinstatement form is printed as 41107 and should have been 44107.

Financial Healthcare Associates, Inc. has also moved to a new facility. Please forward any additional correspondence to the new address.

The new address is: Financial Healthcare Associates, Inc.

20595 Lorain Avenue Fairview Park, Ohio

.44107-3133

Now that we are aware of the filing requirements, we will be prompt in filing future forms.

Thanks in advance for your consideration of this matter.

Sincerely,

James C. Hyland, CPA the service of the service of

the constitution of the