


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90061 021 ***150.00

DOCUMENT # F02000003959	
1. Entity Name HEALTHCAPITAL FINANCIAL I, INC.	

Principal Place of Business 1077 BRIDGEPORT AVENUE SHELTON, CT 06484	Mailing Address 1077 BRIDGEPORT AVENUE SHELTON, CT 06484
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2. Principal Place of Business 195 Danbury Road Suite, Apt. #, etc. Suite 220 City & State Wilton, CT Zip 06897 Country USA	3. Mailing Address 195 Danbury Road Suite, Apt. #, etc. Suite City & State Zip Country
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40028956



03092006 Chg-P CR2E034 (11/05)

4. FEI Number 06-1555903	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GREENBERG, RONALD 7144 WAINSCOTT COURT SARASOTA, FL 34238	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEHER, EUGENE 1077 BRIDGEPORT AVENUE SHELTON, CT 06484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 195 Danbury Road Wilton, CT 06897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PREISER, SCOTT 1077 BRIDGEPORT AVENUE SHELTON, CT 06484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Vice President Raymond Leone 195 Danbury Road Wilton, CT 06897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PREISER, JONATHAN 1077 BRIDGEPORT AVENUE SHELTON, CT 06484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Treasurer Eugene Feher 195 Danbury Road Wilton, CT 06897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREENBERG, RONALD 1077 BRIDGEPORT AVENUE SHELTON, CT 06484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Secretary Raymond Leone 195 Danbury Road Wilton, CT 06897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: **Eugene Feher**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-06 **203-762-5400**
Date Daytime Phone #