

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000001674

Entity Name: HEALTHCARE FINANCE INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3280 CHARLES BLVD  
GREENVILLE, NC 27858

**New Principal Place of Business:**

4054 SAWYER ROAD  
SARASOTA, FL 34233

**Current Mailing Address:**

PO BOX 2463  
RIVERVIEW, FL 335682643

**New Mailing Address:**

4054 SAWYER ROAD  
SARASOTA, FL 34233

FEI Number: 27-2220548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BALOT, RICHARD  
Address: 3280 CHARLES BLVD  
City-St-Zip: GREENVILLE, NC 27858

I hereby 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 all other like empowered.

SIGNATURE: RICHARD BALOT

P

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date