

• FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000002442 (1)**

1. Corporation Name

HEALTH CARE CAPITAL FINANCE, INC.

Principal Place of Business

**2 RAVINIA DRIVE
SUITE 1350
ATLANTA GA 30346**

Mailing Address

**2 RAVINIA DRIVE
SUITE 1350
ATLANTA GA 30346**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/11/1994

3a. Date of Last Report

03/14/1995

4. FEI Number

58-2055552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent's signature is required when not a shareholder)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **PD**
NAME **WHITMAN, ARNOLD M**
STREET ADDRESS **2 RAVINIA DRIVE, STE 1350**
CITY-STATE-ZIP **ATLANTA GA**

TITLE **V**
NAME **GREEN, PAUL A**
STREET ADDRESS **2 RAVINIA DRIVE, STE 1350**
CITY-STATE-ZIP **ATLANTA GA**

TITLE **ST**
NAME **MOREHEAD, WAYNE S**
STREET ADDRESS **2 RAVINIA DRIVE, STE 1350**
CITY-STATE-ZIP **ATLANTA GA**

TITLE **D**
NAME **GREER, RICHARD**
STREET ADDRESS **2 RAVINIA DRIVE, STE 1350**
CITY-STATE-ZIP **ATLANTA GA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE **T/CFO**
1.2 NAME **SERTICH, CHRISTOPHER M.**
1.3 STREET ADDRESS **2 Ravinia Drive, Suite 1350**
1.4 CITY-STATE-ZIP **Atlanta, GA 30346**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE **S/AT**
3.2 NAME **MOREHEAD, WAYNE S.**
3.3 STREET ADDRESS **2 Ravinia Drive, Suite 1350**
3.4 CITY-STATE-ZIP **Atlanta, GA 30346**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE **D**
5.2 NAME **BROWN, MICHAEL S.**
5.3 STREET ADDRESS **TWO RAVINIA DR, STE. #1350**
5.4 CITY-STATE-ZIP **ATLANTA, GA.**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

Date

Daytime Phone #

CR2E034 (12/95)