

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F96000004010 (2)

1. Corporation Name

HEALTHCARE FINANCIAL PARTNERS, INC.

Principal Place of Business

2 WISCONSIN CIRCLE, SUITE 320  
CHEVY CHASE MD 20815

Mailing Address

2 WISCONSIN CIRCLE, SUITE 320  
CHEVY CHASE MD 20815

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1996

4. FEI Number

52-1844418

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 2 Wisconsin Circle

Suite, Apt. #, etc.

STE 400

22 City & State

23 Chevy Chase MD

24 Zip

Country

2a. Mailing Address

26 2 Wisconsin Circle

Suite, Apt. #, etc.

STE 400

27 City & State

28 Chevy Chase, MD

29 Zip

Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
DP	DELANEY, JOHN K	2 WISCONSIN CIRCLE, STE. 320	CHEVY CHASE MD 20815
DV	LEDER, ETHAN D	2 WISCONSIN CIRCLE, SUITE 320	CHEVY CHASE MD
DS	NORDERTG, EDWARD P JR.	2 WISCONSIN CIRCLE, SUITE 320	CHEVY CHASE MD
T	ALTER, HILDE M.	2 WISCONSIN CIRCLE, SUITE 320	CHEVY CHASE MD

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP
DC	Delaney, John K	2 Wisconsin Circle, STE 400	Chevy Chase, MD 20815
DP	Leder, Ethan D	2 Wisconsin Circle, STE 400	Chevy Chase, MD 20815
VP	Nordberg, Edward P Jr	2 Wisconsin Circle, STE 400	Chevy Chase, MD 20815
5	Curwin, Steven	2 Wisconsin Circle, STE 400	Chevy Chase, MD 20815

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(j), 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:

Hilde M Alter

7/19/98 301 664 9829

CR2E034 (5/98)