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).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004010 (2)

HEALTHCARE FINANCIAL PARTNERS, INC.

FILED
Jul 16 1998 8:00am
Secretary of State

|--|

Principal Plac	e of Business	Mailing Address				
2 WISCONSIN CIRCLE, SUITE 320 2 WISCONSIN CIRCLE. SUITE			E 320			
CHEVY CHASE	MD 20815	CHEVY CHASE MD 20815			DO NOT WORTE OF THE	PDACE
					DO NOT WRITE IN THIS 3. Date incorporated or Qualified	SPACE
					08/06/1996	
2 Principal D	Plane of Rusinose	2a, Mailing Address			4. FEI Number	TARRIAN FOR
2. Principal Place of Business 21 2 WIS CAYIN CITCLE 26 2 WIS CONS			M.C	ala	52-1844418	Applied For Not Applicable
Suite, Apt.	to all Carette	26 2 WISCONSIN CIRCLE			32-10444-10	\$8.75 Additional
22 931	E 400	27 (25400)			5. Certificate of Status Desired	Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Che U	uchare MD	28 Chevr. Chase MD		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	1	8. This corporation owes or has paid the cur	
24 ME	3'20215 25	29 20915 3	so]			Yes X No
	9. Name and Address of Curren	1 1 2 2 2 2 12	m		10. Name and Address of New Registered	
COR	PORATION SERVICE COMPANY		81	Name		· · · · · · · · · · · · · · · · ·
	HAYS STREET		100	61 1 5 3	(5 à 5 N	
TALLAHA\$SEE FL 32301-2525			82	Street Address (P.O. Box Number is Not Acceptable)		
			83			
			ļ			
			84	City	Fi	85 Zip Code
11. Pursuant office or agent. I a	t to the provisions of sections 607,0502 registered agent, or both, in the State am familiar with, and accept the obliga	and 607.1508, Florida Statutes, of Florida. Such change was aultions of, section 607.0505, Flori	the above thorized by da Statutes	named corporation	oration submits this statement for the purpose of cl tion's board of directors. I hereby accept the appoi	anging its registered ntment as registered
SIGNATURE	Signature, typed or printed name of registered agent	Constitution of social Classic Constitution of Street, and Street,	Consistence A		gured when reinstating) DATE	
12.	OFFICERS ANI	and the second s	13.	geni signature mi	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	I DP	DELETE	1.1 TITLE	1 5		Change Addition
NAME	DELANEY, JOHN K	() (det) C	1.2 NAME	⊀	Class. Tohn Y	Zanange Zanange
STREET ADDRESS	2 WISCONSIN CIRCLE, STE. 32	20	1.3 STREET	ADDRESS M	control of the control	CODE LLON
CITY-ST-ZIP	CHEVY CHASE MD 20815		1.4 CHY-S1		CONSCIENT STREET	8362 400
TITLE	DV	DELETE	2 1 111LF	````	Brychase, to	Change Addition
NAME	LEDER, ETHAN D	[] DELETE	2 2 NAME		adar ETHUAD	
STREET ADDRESS	2 WISCONSIN CIRCLE, SUITE 3	320	2 3 STREET	ADDESS 7	WISCONSINCURCHE.	STE 400
í	CHEVY CHASE MD	<i>-</i>	•		hery Chase, MD 20	a C
CITY-ST-ZIP TITLE	DS OFFICE WILL	DELETE	2.4 CITY-ST 3.1 THLE	٤		L
NAME	NORDERTG, EDWARD P JR.	L J DELE TE	3.2 NAME.	N	oraberg, Edward P.	Change Addition
STREET ADDRESS	2 WISCONSIN CIRCLE, SUITE 3	₹2 0	3.2 NAME.	ADDDCCC 7	2 WISCONSIN CIPCLE 3	TE 400
	CHEVY CHASE MD		3.4 CHTY-ST	-	chouse chase IIN	The said
CITY-ST-ZIP TITLE	T	DELETE	4.1 TITLE	- L	July - runa JMD	Change Addition
NAME	ALTER, HILDE M.	[] DECE IE	4.2 NAME		-	Change Addition
STREET ADDRESS	2 WISCONSIN CIRCEL, SUITE 3	120	4.3 STREET	Abopter 4	ewisconsin cercle	STE 400
	CHEVY CHASE MD	rev				
CITY-ST-ZIP TITLE	OTET OTROC MD	r-1	4.4 CITY-ST 5.1 TITLE	-(1P		<u> </u>
}		L. DELETE	2	a c	Claud M	Change 🔀 Addition
NAME			5.2 NAME	Ç	urwin, Steven	STEWAN
STREET ADDRESS			5.3 STREET		ZWISCONSIN CUCIE	>12 400
CITY-ST-ZIP		F=1,	5.4 CITY-ST	·2(P 6	nevy was MD	7001>
TITLE		DELFIE	6.1 TITLE		(Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET	ADDRESS		
AITV 61 710			CACITY OT	710		

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

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7 9ks 301 604 982

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