

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

Mailing Address

400002636384--2  
-09/10/98--01064--007  
DO \*\*\*\*\*8175 SP\*\*\*\*\*8.75

3. Date Incorporated or Qualified  
August 6, 1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2 Wisconsin Circle Suite, Apt. #, etc.	26 2 Wisconsin Circle Suite, Apt. #, etc.	52-1844418	Not Applicable
22 4th Floor City & State	27 4th Floor City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Chevy Chase, Maryland	28 Chevy Chase, Maryland	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 20815 Country	25 U.S.A. Country	30 U.S.A. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301-2525

81 Name	CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)	1200 SOUTH PINE ISLAND ROAD
83	
84 City	PLANTATION
85 FL	86 Zip Code 33324

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: *Conie B. Bryan* SPECIAL ASSISTANT SECRETARY DATE: 9/8/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director, CEO	1.2 NAME	
STREET ADDRESS	John K. Delaney	1.3 STREET ADDRESS	
CITY-ST-ZIP	2 Wisconsin Circle, 4th Floor	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chevy Chase, MD 20815	2.2 NAME	
STREET ADDRESS	Director, President	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ethan D. Leder	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chevy Chase, MD 20815	3.2 NAME	
STREET ADDRESS	Director, CFO, V	3.3 STREET ADDRESS	
CITY-ST-ZIP	Edward P. Nordberg, Jr.	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chevy Chase, MD 20815	4.2 NAME	
STREET ADDRESS	Secretary	4.3 STREET ADDRESS	
CITY-ST-ZIP	Steven M. Curwin	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chevy Chase, MD 20815	5.2 NAME	
STREET ADDRESS	Treasurer	5.3 STREET ADDRESS	
CITY-ST-ZIP	Hilde M. Alter	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chevy Chase, MD 20815	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E034 (10/97)