

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90297 025 \*\*\*150.00

<b>DOCUMENT # F99000005865</b>					
<b>1. Entity Name</b> ARGENT HEALTHCARE FINANCIAL SERVICES, INC.					
<b>Principal Place of Business</b> 3500 W PETERSON AVE. 300 CHICAGO, IL 60659			<b>Mailing Address</b> 2675 BRECKINRIDGE BLVD DULUTH, GA 30096		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 1661 LYNDON FARM CT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State LOUISVILLE KY.		<b>4. FEI Number</b> 36-4325052	
Zip		Zip 40223		Country JEFFERSON	
<b>6. Name and Address of Current Registered Agent</b> NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee will be \$550.00</b> </div> <div> <b>9. Election Campaign Financing</b>                      Trust Fund Contribution. <input type="checkbox"/> </div> <div> <b>\$5.00 May Be</b>  <b>Added to Fees</b> </div> </div>					
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> </div> </div>					
<b>TITLE</b> P	<b>NAME</b> BELL, WILLIAM	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> CEO	<b>NAME</b> MICHAEL SHEA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3500W PETERSON AVE., STE. 300	<b>CITY-ST-ZIP</b> CHICAGO, IL 60659		<b>STREET ADDRESS</b> 1661 LYNDON FARM CT.	<b>CITY-ST-ZIP</b> LOUISVILLE, KY. 40223	
<b>TITLE</b> CFO	<b>NAME</b> CONNOLLY, JOSEPH	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> CFOTREASURER/SECRETARY	<b>NAME</b> FRANK STELLATO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2675 BRECKINRIDGE BLVD.	<b>CITY-ST-ZIP</b> DULUTH, GA 30096		<b>STREET ADDRESS</b> 1661 LYNDON FARM CT.	<b>CITY-ST-ZIP</b> LOUISVILLE, KY. 40223	
<b>TITLE</b> D	<b>NAME</b> NOLAN, JOE	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PRESIDENT	<b>NAME</b> WILLIAM BULL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 6100 SEARS TOWER 233 S WACKER	<b>CITY-ST-ZIP</b> CHICAGO, IL 60606		<b>STREET ADDRESS</b> 3500 PETERSON AVE, STE 300	<b>CITY-ST-ZIP</b> CHICAGO, IL 60659	
<b>TITLE</b> D	<b>NAME</b> CONFIELD, PHILLIP	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> DIRECTOR	<b>NAME</b> JOSEPH DAMICO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 6100SEARS TOWER, 61ST FLR.	<b>CITY-ST-ZIP</b> CHICAGO, IL 60606		<b>STREET ADDRESS</b> 272 EAST DEER PATH RD.	<b>CITY-ST-ZIP</b> LAKE FOREST, IL 60045	
<b>TITLE</b> D	<b>NAME</b> SPERZEL, GEORGE	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> DIRECTOR	<b>NAME</b> TODD WARMOLL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 6100 SEARS TOWER, 61ST FLR.	<b>CITY-ST-ZIP</b> CHICAGO, IL 60606		<b>STREET ADDRESS</b> 272 EAST DEER PATH RD.	<b>CITY-ST-ZIP</b> LAKE FOREST, IL 60045	
<b>TITLE</b> D	<b>NAME</b> CUNNINGHAM, DENNIS	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> DIRECTOR	<b>NAME</b> DAYID KDO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2675 BRECKINRIDGE BLVD.	<b>CITY-ST-ZIP</b> DULUTH, GA 30096		<b>STREET ADDRESS</b> 272 EAST DEER PATH RD.	<b>CITY-ST-ZIP</b> LAKE FOREST, IL 60045	
<b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.</b>					
<b>SIGNATURE:</b> _____					
<div style="display: flex; justify-content: space-between;"> <div> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div>                 2/21/05 502 499-0855             </div> </div>					