

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005865

FILED
Jan 12, 2006
Secretary of State

Entity Name: ARGENT HEALTHCARE FINANCIAL SERVICES, INC.

Current Principal Place of Business:

3500 W PETERSON AVE.
300
CHICAGO, IL 60659

New Principal Place of Business:

8755 W. HIGGINS RD.
400
CHICAGO, IL 60031

Current Mailing Address:

1661 ELNDON FARM CT
LOUISVILLE, KY 40223

New Mailing Address:

1661 LYNDON FARM CT
LOUISVILLE, KY 40223

FEI Number: 36-4325052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: SHEA, MICHAEL
Address: 1661 LYNDON FARM CT
City-St-Zip: LOUISVILLE, KY 40223

Title: CFOS () Delete
Name: STELLATO, FRANK
Address: 1661 LYNDON FARM COURT
City-St-Zip: LOUISVILLE, KY 40223

Title: P () Delete
Name: BULL, WILLIAM
Address: 3500 PETERSON AVE., SUITE 300
City-St-Zip: CHICAGO, IL 60659

Title: D () Delete
Name: DAMILO, JOSEPH
Address: 272 EAST DEERPATH ROAD
City-St-Zip: LAKE FOREST, IL 60045

Title: D () Delete
Name: WARNOCK, TODD
Address: 272 EAST DEERPATH ROAD
City-St-Zip: LAKE FOREST, IL 60045

Title: D () Delete
Name: KDO, DAVID
Address: 272 EAST DEERPATH ROAD
City-St-Zip: LAKE FOREST, IL 60045

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ROSS

ACCT

01/12/2006

Electronic Signature of Signing Officer or Director

Date