

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90056 021 ***150.00

DOCUMENT # F99000005865 1. Entity Name ARGENT HEALTHCARE FINANCIAL SERVICES, INC.			
Principal Place of Business 8755 W. HIGGINS RD. 400 CHICAGO, IL 60031		Mailing Address 1661 LYNDON FARM CT LOUISVILLE, KY 40223	
2. Principal Place of Business - No P.O. Box # 8755 W Higgins Rd Suite, Apt. #, etc. 800		3. Mailing Address 8755 W Higgins Rd Suite, Apt. #, etc. 800	
City & State Chicago IL		City & State Chicago, IL	
Zip 60631		Zip 60631	
Country USA		Country USA	
4. FEI Number 36-4325052		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP CEO SHEA, MICHAEL 1661 LYNDON FARM CT LOUISVILLE, KY 40223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP CFB Frank W. Stellato 1661 Lyndon Farm Ct. Louisville - KY - 40223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP CFOS STELLATO, FRANK 1661 LYNDON FARM COURT LOUISVILLE, KY 40223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP President William U. Bull 8755 W HIGGINS RD #800 CHICAGO IL 60631	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP P BULL, WILLIAM 3500 PETERSON AVE., SUITE 300 CHICAGO, IL 60659	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Director Joseph DAMICO 272 E. DEERPATH RD #350 LAKE FOREST, IL 60045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DAMILO, JOSEPH 272 EAST DEERPATH ROAD LAKE FOREST, IL 60045	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D WARNOCK, TODD 272 EAST DEERPATH ROAD LAKE FOREST, IL 60045	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D KDO, DAVID 272 EAST DEERPATH ROAD LAKE FOREST, IL 60045	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DIRECTOR DAVID KOO 272 E DEERPATH RD, #350 LAKE FOREST, IL 60045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
SIGNATURE:		Date: 1.12.07 (52) 499-0855	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CEO		Daytime Phone #	