SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 OCT 14 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H90301 (3)

1. Corporation Name
HEALTHCARE FINANCIAL ASSISTANCE, CORP.

Principal Place of Business
4014 GUNN HIGHWAY
SUITE #100
TAMPA FL 33624

Mailing Address
4014 GUNN HIGHWAY
SUITE #100
TAMPA FL 33624

REINSTATEMENT 97

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1985
3a. Date of Last Report: 04/15/1996
4. FEI Number: 59-2650973 — Applied For / Not Applicable
5. Certificate of Status Desired ■ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
REPKA, DENNIS L
28870 US HWY 19
SUITE 408
CLEARWATER FL 34621

10. Name and Address of New Registered Agent
81 Name: ~~TIMM G. HARMON~~ THOMAS C JENNINGS III
82 Street Address (P.O. Box Number is Not Acceptable): ~~16126~~ ~~OAKMANOR~~ 103 COURT STREET
83
84 City: CLEARWATER FL 85 Zip Code 33756

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 Thomas C. Jennings III — DATE 10 7 97

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	HARMON, TIMM G	
STREET ADDRESS	16126 OAKMANOR DR.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	DST	[ ] DELETE
NAME	HARMON, ANITA M	
STREET ADDRESS	16126 OAKMANOR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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****758.75 ****758.75

CR2E034 (4/97)

14. I do 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: Timm G. Harmon 10/7/97 813-961-7767