

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90026 001 ***550.00
 06-20-2000 90026 002 *****8.75

DOCUMENT # H90301

1. Entity Name

HEALTHCARE FINANCIAL ASSISTANCE, CORP. ✓

Principal Place of Business

Mailing Address

4014 GUNN HIGHWAY
 SUITE #100
 TAMPA FL 33624

4014 GUNN HIGHWAY
 SUITE #100
 TAMPA FL 33624-4787

2. Principal Place of Business

3910 Northdale Blvd
 Suite, Apt. #, etc.
 Suite #204

City & State:
 TAMPA FL
 Zip: 33624
 Country: USA

3. Mailing Address

3910 Northdale Blvd
 Suite, Apt. #, etc.
 Suite #204

City & State:
 TAMPA FL
 Zip: 33624
 Country: USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2650973

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENNINGS, THOMAS C III
 703 COURT STREET
 CLEARWATER FL 33756

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP HARMON, TIMM G 16126 OAKMANOR DR. TAMPA FL 33624	<input type="checkbox"/>		
DST HARMON, ANITA M 16126 OAKMANOR TAMPA FL 33624	<input type="checkbox"/>		
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Timm G. Harmon, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/16/00 813-961-7767

TIMM G. HARMON, PRESIDENT

CR2E034 (9/99)