

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # H90301**1. Entity Name
HEALTHCARE FINANCIAL ASSISTANCE, CORP.**Principal Place of Business**3910 NORTH DALE BLVD.
SUITE 204
TAMPA
33624

FL

Mailing Address3910 NORTH DALE BLVD.
SUITE 204
TAMPA
33624

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-2650973**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentJENNINGS THOMAS CIII
703 COURT STREETCLEARWATER
33756

US

FL

7. Name and Address of New Registered Agent

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)

04/24/2001

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, 2001 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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
HARMON ANITA M
16126 OAKMANOR
TAMPA
FL 33624☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HARMON, TIMM G
16126 OAKMANOR DR.
TAMPA
FL 33624☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
HARMON ANITA M
PO BOX 196
ODESSA
FL 33556☒ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HARMON, TIMM G
PO BOX 196
ODESSA
FL 33556☒ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ 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

DP

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)