

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H90301

FILED
May 05, 2004
Secretary of State

Entity Name: HEALTHCARE FINANCIAL ASSISTANCE, CORP.

Current Principal Place of Business:

3910 NORTH DALE BLVD.
SUITE 204
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

3910 NORTH DALE BLVD.
SUITE 204
TAMPA, FL 33624

New Mailing Address:

FEI Number: 59-2650973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENNINGS, THOMAS C III
703 COURT STREET
CLEARWATER, FL 33756 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: DP () Delete
Name: HARMON, TIMM G,
Address: PO BOX 196
City-St-Zip: ODESSA, FL 33556

Title: DST () Delete
Name: HARMON, ANITA M
Address: PO BOX 196
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: TIMM G. HARMON

P

05/05/2004

Electronic Signature of Signing Officer or Director

Date