

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# H90301

FILED
Oct 18, 2006
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:

PO BOX 882837
STEAMBOAT SPRINGS, CO 80488 28

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: THOMAS C. JENNINGS III TGH

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: DP (X) Change () Addition
Name: HARMON, TIMM G,
Address: PO BOX 882837
City-St-Zip: STEAMBOAT SPRINGS, CO 80488 US

Title: DST (X) Change () Addition
Name: HARMON, ANITA M
Address: PO BOX 196
City-St-Zip: STEAMBOAT SPRINGS, CO 80488 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

DP

10/18/2006

Electronic Signature of Signing Officer or Director

Date