

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

04-28-2004 90073 024 ****50.00

DOCUMENT # L03000034133

1. Entity Name
HEALTHCARE FINANCIAL PARTNERS, LC



Principal Place of Business
**7203 19TH AVE NW
BRADENTON, FL 34209 US**

Mailing Address
**7203 19TH AVE NW
BRADENTON, FL 34209 US**

34006384



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252004 Chg-LLC CP2E083 (10/03)

4. FEI Number

20-0765563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VICARS, JAMIE A
7203 19TH AVE NW
BRADENTON, FL 34209**

7. Name and Address of New Registered Agent

Name **VICARS, JAMESON A.**

Street Address (P.O. Box Number is Not Acceptable)

7203 19th Ave NW

City **Bradenton**

FL

Zip Code **34209**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

4/26/04

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
VICARS, JAMESON A
7203 19TH AVE NW
BRADENTON, FL 34209** ☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/04

941 761 9100

Date

Daytime Phone #