

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014253

**FILED**  
**Apr 07, 2005**  
**Secretary of State**

**Entity Name:** HEALTHCARE FINANCIAL OF AMERICA, LLC

**Current Principal Place of Business:**

1000 N.W. 65TH STREET, SUITE 200  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

2950 W CYPRESS CREEK ROAD  
SUITE 104  
FT. LAUDERDALE, FL 33309

**Current Mailing Address:**

1000 N.W. 65TH STREET, SUITE 200  
FT. LAUDERDALE, FL 33309

**New Mailing Address:**

2950 W CYPRESS CREEK ROAD  
SUITE 104  
FT. LAUDERDALE, FL 33309

**FEI Number:** 20-0799567

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOLDING, STEPHEN M  
1000 N.W. 65TH STREET, SUITE 200  
FT. LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

GOLDING, STEPHEN M  
2950 W CYPRESS CREEK ROAD  
SUITE 102  
FT. LAUDERDALE, FL 33309 US

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:

04/07/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: GOLDING, STEPHEN M MGRM  
Address: 2950 W CYPRESS CREEK ROAD, SUITE 102  
City-St-Zip: FT LAUDERDALE, FL 33309

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 is true and accurate and that my electronic 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: STEPHEN M GOLDING

MGRM

04/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date