File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

1998					DIVISION OF CORPORATIONS			98 APR 13 PM 1: 15				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								xk 4/14				
1. Name of Lim	and Mailing Ad lited Liability Co	dress mpany	DOCUME									
HEALTHCARE FINANCIAL CONSULTANTS L.C. 7300 LINDHURST STREET SPRING HILL FL 34606								1a. Principal Place of Business Address 7300 LINDHURST STREET SPRING HILL FL 34606				
2. Principal Place of Business 2a. Mail				Mailing Address	ing Address			Date Organized or Qualified 3a. State of Formation			e of Formation	
Suite, Apt. #, etc. Suit				Apt. #, etc.	Apt. #, etc.			08/11/1997 FL 4. FEI Number			Applied For	
City & State				City & State				59-3464334				
Zip	Country				try		5. Date of Last F		6. Certificate of Status Desired 88.75 Additional Fee Required			
7. Name and Address of Current Registered					<u>[</u>	1	8. N	lame and Addres	s of New Regis	tered Age	nt/Office	
7300 SPRI 9. Pursua its registe	FORD, F LINDHU NG HILI ant to the provis red office or reglined agent, and	JRST ST S	REET 606 ns 608.416 and 608 or both, in the State o	508, Florida St Florida Such c	Suite, Apt. #, etc. City Florida Statutes, the above-named limited lie			Zip Code iability company submits this statement for the purpose of changing we vote of a majority of the members. I hereby accept the appointment				
-	JRE	•		ſ	DATE							
(Registered Agent Accepting Appointment) (N												
10. Title	Mar		Business Street Address				City, State and Zip Code					
MGR MGR	CRAWFORD, RICHARD HENR MANASA-GILL, MARGARET				7300 LINDHURST STR			SPRING HILL FL TARPON SPRINGS FL				
11. I do he	reby certify that t	he information	supplied with this fill	ng does not qual	ify for the exc		ed in Sect		*****18	/980)8.75	3327 1113008 ****188.75	

limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: