


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company HEALTHCARE FINANCIAL CONSULTANTS L.C. 7300 LINDHURST STREET SPRING HILL FL 34606		DOCUMENT # L97000000887			
2. Principal Place of Business 24580 SW 152 AVE Suite, Apt. #, etc. City & State Homestead FL Zip 33032 Country USA		2a. Mailing Address 24580 SW 152 AVE Suite, Apt. #, etc. City & State Homestead FL Zip 33032 Country USA		3. Date Organized or Qualified 08/11/1997	
				3a. State of Formation FL	
				4. FEI Number 59-3464334 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 04/13/1998	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent CRAWFORD, RICHARD HENRY 7300 LINDHURST STREET SPRING HILL FL 34606				8. Name and Address of New Registered Agent/Office Name SEAN GILL Street Address (P.O. Box Number is Not Acceptable) 24580 SW 152 AVE Suite, Apt. #, etc. City Homestead FL Zip Code 33032	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE MAY 1, 1999 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when first step)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	CRAWFORD, RICHARD HENRY	7300 LINDHURST STREET		SPRING HILL FL	
MGR	MANAJA GILL, MARGARET	1016 GREENLEAF WAY		TARPON SPRINGS FL	
MGR	SEAN GILL	24580 SW 152 AVE		Homestead FL 33032	
4000002875944-3 -05/14/99-011087-025 ****188.75 ****188.75					
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11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: _____ SEAN GILL MAY 1, 1999 7864937472 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER OR MANAGER (Do Not) (Do Not)					