2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 24, 2007
Secretary of State

DOCUMENT# P04000078029

Entity Name: HEALTH CARE FINANCIAL & MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

3135 STATE ROAD 580
SUITE # 7
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

111 VOLLMER AVE.
OLDSMAR, FL 34677 US

Current Mailing Address:

3135 STATE ROAD 580
SUITE # 7
SAFETY HARBOR, FL 34695 US

New Mailing Address:

111 VOLLMER AVE.
OLDSMAR, FL 34677 US

FEI Number: 42-1630069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROJAN, GENER
3135 STATE ROAD 580
SUITE # 7
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

BROJAN, GENER
111 VOLLMER AVE.
OLDSMAR, FL 34677 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: GENER BROJAN 09/24/2007
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: P ( ) Delete
Name: BROJAN, GENER
Address: 1606 GRAY BARK DRIVE
City-St-Zip: OLDSMAR, FL 34677 US

Title: S, T ( ) Delete
Name: BROJAN, MARY
Address: 1606 GRAY BARK DRIVE
City-St-Zip: OLDSMAR, FL 34677 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BROJAN, GENER
Address: 111 VOLLMER AVE.
City-St-Zip: OLDSMAR, FL 34677 US

Title: S, T (X) Change ( ) Addition
Name: BROJAN, MARY
Address: 111 VOLLMER AVE.
City-St-Zip: OLDSMAR, FL 34677 US

I hereby certify that the information supplied with this filing does not qualify 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: GENER BROJAN PRES 09/24/2007
Electronic Signature of Signing Officer or Director Date