

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90001 045 ***150.00

DOCUMENT # P15513

1. Entity Name
DVI FINANCIAL SERVICES, INC.



Principal Place of Business
**2500 YORK RD.
JAMISON, PA 18929**

Mailing Address
**2500 YORK RD.
JAMISON, PA 18929**

54055273



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192004

Chg-P

CR2E034 (10/03)

4. FEI Number

22-2725339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

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

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'HANLON, MICHAEL A	
STREET ADDRESS	2500 YORK RD	
CITY-ST-ZIP	JAMISON, PA 18929	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COHN, GERALD L	
STREET ADDRESS	2500 YORK RD.	
CITY-ST-ZIP	JAMISON, PA 18929	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TUREK, ANTHONY J	
STREET ADDRESS	4041 MACARTHUR BLVD., #401	
CITY-ST-ZIP	NEWPORT BEACH, CA 92660	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MILLER, RICHARD E.	
STREET ADDRESS	2500 YORK RD.	
CITY-ST-ZIP	JAMISON, PA 18929	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GARFINKEL, STEVEN R.	
STREET ADDRESS	2500 YORK RD.	
CITY-ST-ZIP	JAMISON, PA 18929	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Toney	
STREET ADDRESS	2500 York Rd.	
CITY-ST-ZIP	Jamison, PA 18929	
TITLE	VP, CAO & Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Boyle	
STREET ADDRESS	2500 York Rd.	
CITY-ST-ZIP	Jamison, PA 18929	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Boyle	
STREET ADDRESS	2500 York Rd.	
CITY-ST-ZIP	Jamison, PA 18929	
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Clady	
STREET ADDRESS	2500 York Rd.	
CITY-ST-ZIP	Jamison, PA 18929	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-11-04 215-488-5000