

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90066 046 \*\*\*150.00

**DOCUMENT # P35842**

1. Entity Name

**LFC HEALTH FINANCE CORPORATION**

Principal Place of Business

**TEXTRON FINANCIAL CORP  
 40 WESTMINSTER ST  
 PROVIDENCE RI 02903  
 US**

Mailing Address

**TEXTRON FINANCIAL CORP  
 40 WESTMINSTER STREET  
 PROVIDENCE RI 02903  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-1278475**

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AVP	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, BOBBIE JEAN	
STREET ADDRESS	4550 N POINT PKWY	
CITY-ST-ZIP	ALPHARETTA GA 30022	
TITLE	S	<input type="checkbox"/> Delete
NAME	PERKINS, ELIZABETH C	
STREET ADDRESS	40 WESTMINSTER STREET	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HUMPHREY, O.L.	
STREET ADDRESS	40 WESTMINSTER STREET	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	V	<input type="checkbox"/> Delete
NAME	HENDERSON, DONALD C	
STREET ADDRESS	40 WESTMINSTER STREET	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	S	<input type="checkbox"/> Delete
NAME	GILIOTTI, STEPHEN A	
STREET ADDRESS	40 WESTMINSTER STREET	
CITY-ST-ZIP	PROVIDENCE RI	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HAYES-COTE, MARGARET	
STREET ADDRESS	40 WESTMINSTER STREET	
CITY-ST-ZIP	PROVIDENCE RI	

TITLE	Vice President - Tax	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHLEEN A. Smith	
STREET ADDRESS	40 Westminister St.	
CITY-ST-ZIP	Providence, RI 02940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve B. JAFFEE	
STREET ADDRESS	130 E. Chestnut Street	
CITY-ST-ZIP	Columbus, Ohio 43215	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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 #

*Elizabeth C. Perkins* Elizabeth C. Perkins 4/25/01 401-621-4200

CR2E034 (10/00)