

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35842

FILED
Apr 25, 2005
Secretary of State

Entity Name: LFC HEALTH FINANCE CORPORATION

Current Principal Place of Business:

TEXTRON FINANCIAL CORP
40 WESTMINSTER ST
PROVIDENCE, RI 02903 US

New Principal Place of Business:

Current Mailing Address:

TEXTRON FINANCIAL CORP
40 WESTMINSTER STREET
PROVIDENCE, RI 02903 US

New Mailing Address:

FEI Number: 06-1278475 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: SMITH, KATHLEEN A
Address: 40 WESTMINSTER ST.
City-St-Zip: PROVIDENCE, RI 02940

Title: S () Delete
Name: GREEN, PAUL F.
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: P () Delete
Name: HENDERSON, DONALD C
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: SVP () Delete
Name: BUTERA, ANGELO M
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: AS () Delete
Name: FURIA, MARY BETH
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI

Title: AS () Delete
Name: HAYES-COTE, MARGARET
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AS (X) Change () Addition
Name: RAYMOND, DEBRA A
Address: 40 WESTMINSTER ST.
City-St-Zip: PROVIDENCE, RI 02940

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: SCHNEIDER, MARY BETH
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: PAUL F. GREEN

S

04/25/2005

Electronic Signature of Signing Officer or Director

Date