

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mornam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 30 AM 7:38

DOCUMENT # P93000027443 (9)

1. Corporation Name

HEALTHCARE FINANCIAL SERVICES, INC.

Principal Place of Business

**5444 BAY CENTER DR
SUITE 204
TAMPA FL 33609
US**

Mailing Address

**PO BOX 21702
TAMPA FL 33622-1702
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/14/1993

3a. Date of Last Report

03/08/1994

4. FCI Number

59-3175935

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**BLUM, HOWARD A
5444 BAY CENTER DR
SUITE 204
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME PEARLMAN, HERBERT M
STREET ADDRESS 93 MASON ST
CITY - ST - ZIP GREENWICH CT

TITLE SD
NAME GRAIG, WALTER M JR
STREET ADDRESS 145 MASON ST
CITY - ST - ZIP GREENWICH CT

TITLE PD
NAME BLUM, GERALD
STREET ADDRESS 145 MASON ST
CITY - ST - ZIP GREENWICH CT

TITLE DT
NAME LAWI, DAVID S
STREET ADDRESS 93 MASON ST
CITY - ST - ZIP GREENWICH CT

TITLE V
NAME BLUM, HOWARD A
STREET ADDRESS 5444 BAY CENTER DR #204
CITY - ST - ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition

**2 BRIDGE AVENUE
RED BANK, NJ 07701**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☒ Change ☐ Addition

**16935 KNIGHTS BRIDGE LANE
DELRAY BEACH, FL 33484**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Howard A. Blum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/95

Date

813-289-4711

Telephone Number