

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

FILED  
Feb 19 1996 8:00 am  
Secretary of State

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**

3. Date Incorporated or Qualified  
**04/14/1993**

3a. Date of Last Report  
**03/30/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **GRAIG, WALTER M JR**  
STREET ADDRESS **2 BRIDGE AVENUE  
RED BANK NJ**  
CITY-STATE-ZIP **PD**

TITLE ☐ DELETE

NAME **BLUM, GERALD**  
STREET ADDRESS **16935 KNIGHTSBRIDGE LANE  
DELRAY BEACH FL**  
CITY-STATE-ZIP **DT**

TITLE ☐ DELETE

NAME **LAWI, DAVID S**  
STREET ADDRESS **93 MASON ST  
GREENWICH CT**  
CITY-STATE-ZIP **V**

TITLE ☐ DELETE

NAME **BLUM, HOWARD A**  
STREET ADDRESS **5444 BAY CENTER DR #204  
TAMPA FL**  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **CD  
PEARLMAN HERBERT M**  
1.3 STREET ADDRESS **537 STEAMBOAT RD  
GREENWICH CT 06830**  
1.4 CITY-STATE-ZIP **SD**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **CRAIG, WALTER M. JR.**  
2.3 STREET ADDRESS **512 DEANWORTH RD 2 BRIDGE AVE  
GREENWICH CT 06830 RED BANK NJ**  
2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **BLUM GERALD**  
3.3 STREET ADDRESS **16935 KNIGHTSBRIDGE LN  
DELRAY BEACH FL 33484**  
3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **SD  
LAWI DAVID S**  
4.3 STREET ADDRESS **537 STEAMBOAT RD  
GREENWICH CT 06830**  
4.4 CITY-STATE-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **DV  
BLUM, HOWARD A**  
5.3 STREET ADDRESS **5444 BAY CTR DA #204  
TAMPA FL**  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **TREASURER D  
MURPHY DANIEL T**  
6.3 STREET ADDRESS **11 PENN PLAZA STE 1002  
NY NY 10001**  
6.4 CITY-STATE-ZIP

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/8/96 (813) 289-4711**

CR2E034 (12/95)