


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
FILED

97 MAY 16 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P93000027443 (9)**

1. Corporation Name

~~HEALTHCARE FINANCIAL SERVICES, INC.~~

MediFin, Inc.

NC 1-3

Principal Place of Business

Mailing Address

5444 BAY CENTER DR
SUITE 204
TAMPA FL 33609
US

PO BOX 21702
TAMPA FL 33622-1702
US

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	<i>Suite 105</i>	27	City & State
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified 04/14/1993	3a. Date of Last Report 02/19/1996
4. FEI Number 59-3175935	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	<i>David Volpe</i>			
82	Street Address (P.O. Box Number is Not Acceptable)	<i>5444 Bay Center Dr.</i>			
83		<i>Suite 105</i>			
84	City	<i>Tampa Fla</i>	85	Zip Code	<i>FL 33609</i>

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
CD	PEARLMAN, HERBERT M	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
537 STEAMBOAT ROAD		1.3 STREET ADDRESS	
GREENWICH CT		1.4 CITY-ST-ZIP	
DP	GRAIG, WALTER M JR	2.1 TITLE	
2 BRIDGE AVENUE		2.2 NAME	
RED BANK NJ		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
DCEO	BLUM, GERALD	3.1 TITLE	
16935 KNIGHTSBRIDGE LANE		3.2 NAME	
DELRAY BEACH FL		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
SD	LAWI, DAVID S	4.1 TITLE	
537 STEAMBOAT ROAD		4.2 NAME	
GREENWICH CT		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
DV	BLUM, HOWARD A	5.1 TITLE	
5444 BAY CENTER DR #204		5.2 NAME	
TAMPA FL		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TD	MURPHY, DANIEL T.	6.1 TITLE	
11 PENN PLAZA STE 1002		6.2 NAME	
NEW YORK NY		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]

4/27/97

CR2E034 (9/96)