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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

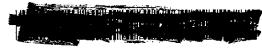
DOCUMENT # P93000027443 (9)

HEALTHCARE FINANCIAL SERVICES, INC.

APPROVEL AND

97 MAY 16 AM 10:31

SECRETARY OF STATE TALLAHASSEE, FLORIDA



/	Nedifin, Inc.	NONS		The state of the s
Principal Plac	e of Business	Mailing Address		
, '	5444 BAY CENTER DR PO BOX 21702			
SUITE 204	TEN ON	TAMPA FL 33622-1702	_	
TAMPA FL 336	09	US		<u>'</u>
US				3. Date Incorporated or Qualified 3a. Date of Last Report 04/14/1993 02/19/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-3175935 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
	ite 105	27		5. Certificate of Status Desired Fee Required
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25		90	Florida Statutes Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PRIMA HOWADD A 81 Name 10. Name and Address of New Registered Agent				
Blum, Howard A			81 Name	David Volde
5444 BAY CENTER DR			82 Street	t Address (P.O. Box Number is Not Acceptable)
SUITE 204			83	5444 Bay Center Or.
IAM	PA FL 33609		33	Juile 105
			84 City	Tampa Fla FL 85 33609
44 0	to the conductor of Control of Spring	end cor trop Florida Ctot to	**	1 anga Fla FL 33609
office or r	registered agony or scale in the State of	and 607, 1508, Florida Statutes of Florida. Such change was au	thorized by the co	d corporation submits this statement for the purpose of changing its registered or organization's board of directors. I hereby accept the appointment as registered
agent. I a	im familiar in and accept the obligat	ம்ns of, Section 607.0505, Flori	da Statutes.	de la
SIGNATURE	Signature, typed or printed name of the social agent	t and title if applicable. (NOTE. I		re required when reinstaling) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD	DELETE	1.1 TITLE	Change Addition
NAME	PEARLMAN, HERBERT M	_	1.2 NAME	
STREET ADORESS	537 STEAMBOAT ROAD		13 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT		1.4 CITY-ST-ZIP	
TITLE	DP	DELETE	2.1 TITLE	Change Addition
NAME	GRAIG, WALTER M JR	_	2.2 NAME	1000026713510
STREET ADDRESS	2 BRIDGE AVENUE		2.3 STREET ADDRESS	1000026713510 -10/23/9801071016
CITY-ST-ZIP	RED BANK NJ		2. 4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	DCEO	DELETE	3 1 TITLE	Change Addition
NAME	BLUM, GERALD		3.2 NAME	
STREET ADDRESS	16935 KNIGHTSBRIDGE LANE		3 3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		3.4. CITY - ST-ZIP	
TITLE	SD	DELETE	4.1 TITLE	Change Addition
NAME	LAWI, DAVID S		4. 2 NAME	
STREET ADDRESS	537 STEAMBOAT ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT		4.4 CITY-ST-ZIP	
TITLE	DV	DELETE	5.1 TITLE	Morales Change Addition
NAME	BLUM, HOWARD A		5 2 NAME	M Interior
STREET ADDRESS	5444 BAY CENTER DR #204		5.3 STREET ADDRESS	L. W.
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	1997 francial Report was setuenal in
TITLE	TD	DELETE	6.1 TITLE	error. This is the original - Change - Addition report completing the record.
NAME	MURPHY, DANIEL T.		6.2 NAME	coport can aleting the cocord.
STREET ADDRESS	11 PENN PLAZA STE 1002		63 STREET ADDRESS	Interior and Land
CITY-ST-ZIP	NEW YORK NY		6.4 CITY - ST - ZIP	
	ov certify that the information supplied	with this fling does not qualify		stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

I am an officer or director of the corporation or the receiver or try fee empourated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or one attachment an address

SIGNATURE: