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

DOCUMENT # **P95000031084 (3)**

1. Corporation Name

HEALTH FINANCIAL DIRECTIONS, INC.

Principal Place of Business

4545 HIGH GROVE ROAD
TALLAHASSEE FL 32308

Mailing Address

4545 HIGH GROVE ROAD
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified: **04/20/1995**

3a. Date of Last Report

4. FEI Number: **59-3311490** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes. [X] Yes [ ] No

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 | Country 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 | Country 30

9. Name and Address of Current Registered Agent

LINDLER, PATRICIA T
4545 HICH GROVE ROAD 4545 HIGH GROVE RD.
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 4545 HIGH GROVE ROAD

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.1504, 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, type or print name of registered agent) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DPST** **LINDLER, PATRICIA T** **4545 HIGH GROVE ROAD** **TALLAHASSEE FL 32308**	[ ] DELETE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

11 TITLE 12 NAME 13 STREET ADDRESS 14 City-St-Zip		[ ] Change [ ] Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 City-St-Zip		[ ] Change [ ] Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 City-St-Zip		[ ] Change [ ] Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 City-St-Zip		[ ] Change [ ] Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 City-St-Zip		[ ] Change [ ] Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 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 exemptions in Section 119.07(3)(i), 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: Patricia T. Lindler 3/29/96 904-668-1975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE

CR2E034 (12/95)