

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000055117 (2)

1. Corporation Name

HEALTH AND FINANCIAL SERVICES, INC.



Principal Place of Business

1819 MAIN STREET
SUITE 203
SARASOTA FL 34236

Mailing Address

1819 MAIN STREET
SUITE 203
SARASOTA FL 34236

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/13/1995

3a. Date of Last Report

7-13-95

4. FEI Number

59- 332 6488

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

☒ Yes ☐ No

10. Name and Address of New Registered Agent

FRAZIER, GEOFF
1819 MAIN STREET
SUITE 203
SARASOTA FL 34236

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 607.08(2) and 607.1509, 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 607.08(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent (if different from the above-named agent)

Signature of Registered Agent (if different from the above-named agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	PUSZAKOWSKI, RICKY S	
STREET ADDRESS	1819 MAIN STREET, SUITE 203	
CITY-STATE-ZIP	SARASOTA FL 34236	
TITLE	D	☐ DELETE
NAME	FRAZIER, GEOFF	
STREET ADDRESS	1819 MAIN STREET, SUITE 203	
CITY-STATE-ZIP	SARASOTA FL 34236	
TITLE	D	☒ DELETE
NAME	GUCCIARDI, THOMAS	
STREET ADDRESS	1819 MAIN STREET, SUITE 203	
CITY-STATE-ZIP	SARASOTA FL 34236	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 registered agent 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 addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
SECRETARY & FRAZIER

2-1-96

941-457-
0226

Date

Daytime Phone #

CR2E034 (12/95)