

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

FILED  
May 09 1997 8:00am  
Secretary of State

DOCUMENT # P96000007092 (5)  
1. Corporation Name  
THE ACADEMY FOR PATIENT FINANCIAL SERVICES, INC.



Principal Place of Business Mailing Address  
4313 SOUTHEAST 18TH PLACE 4313 SOUTHEAST 18TH PLACE  
CAPE CORAL FL 33904 CAPE CORAL FL 33904-6019

3. Date Incorporated or Qualified 01/23/1996 3a. Date of Last Report 1/23/96

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 650641375  
21 4313 SE 18TH PLACE 26 4313 SE 18TH PLACE Applied For  
Suite, Apt. #, etc. Suite, Apt. #, etc. Not Applicable

22 27 5. Certificate of Status Desired \$8.75 Additional Fee Required

23 CAPE CORAL FL 28 CAPE CORAL FL 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 33904 25 Lee 29 33904 30 Lee 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

ROBINSON, CHRISTINE B  
4313 SOUTHEAST 18TH PLACE  
CAPE CORAL FL 33904

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 Christine Robinson Crowley 4/28/97  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
President	JOSEPH C CROWLEY		
STREET ADDRESS	4313 SE 18TH PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL 33904	1.4 CITY - ST - ZIP	
Vice President	CHRISTINE ROBINSON-CROWLEY	2.1 TITLE	
STREET ADDRESS	4313 SE 18TH PLACE	2.2 NAME	
CITY - ST - ZIP	CAPE CORAL FL 33904	2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	
		6.2 NAME	
		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)(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: Christine Robinson Crowley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)