## 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 Vick DIVISION OF CORPORATIONS

## DOCUMENT # P9600050248 (9)

HEALTHCON FINANCIAL, INC.

Principal Place of Business
6001 LEONARDO ST.

Mailing Address

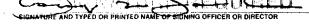
## FILED Mar 06 1997 8:00am Secretary of State



6001 LEONARDO ST. CORAL GABLES FL 33146		8001 LEONARDO ST. CORAL GABLES FL 33146-3333						
					3. Date Incorporated or Qualified 06/12/1996	3a. Date of Last R	eport	
2. Principal P	lace of Business	2a, Mailing Address	2a. Mailing Address		4. FEI Number	Ap	plied For	
21		26	26		65-0677945	No	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	c	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00		
Zip	Gountry	Zip	Count	ry	8. This corporation has liability for it	ntandible tax under s	. 199.032,	
24	25	29	30			Yes 🔲 No		
	9. Name and Address of	Current Registered Agent			10. Name and Address of New Reg	istered Agent		
HEL	LER & BARNETT CORPO	rate services	8	1 Name				
1214 N. UNIVERSITY DRIVE PLANTATION FL 33322				82 Street Address (P.O. Box Number is Not Acceptable)				
(2)	THE SOUL		8	3		·	The second secon	
•	•		В	4 City	7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	FL 85 Zip	Code	
office or r agent. I a SIGNATURE	to the provisions of sections to registered agent, or both, in the familiar with, and accept the sections are sections.	ne State of Florida. Such change wa ne obligations of, Section 607.0505,	is authorized l Florida Statut	by the corpora es.	poration submits this statement for the p tion's board of directors. I hereby accep	of the appointment as	registered	
12.		RS AND DIRECTORS	13.	gen agrada	ADDITIONS/CHANGES TO OFFICE		RS IN 12	
TOLE	D	DELETE	1.1 7(1).8	T.	7.55.110.10,03 7.110.00 10 01110	☐ Change	Addition	
NAME	JAMAL, ASIF D		1.2 NAM					
STREET ADDRESS	6001 LEONARDO ST.		1.3 STRE	ET ADDRESS				
City-St-Zip	CORAL GABLES FL 33	146	1	-ST-ZIP				
TITLE		DELETE	2 1 TITLE			Change	Addition	
NAME		_	2.2 NAM	E				
STREET ADDRESS			2.3 STRE	ET ADDRESS		• **		
011Y-81-2IP			2 4 CITY	-ST-ZIP				
TITLE		DELETE	3 1 TiTLI			Change	Addition	
NAME			32 NAM	E				
STREET ADDRESS			3 3 STAE	ET ADDRESS				
CHY-ST ZiP			3.4. CITY	r-St-ZIP				
TITLE		DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAN	16				
STREET ADORESS			4.3 STRE	E1 ADDRESS				
CITY - ST - 7IP			4.4 CITY	- ST- ZIP				
TITLE		DELETE	5.1 TITLI			Change	Addition	
NAME			5.2 NAM	E				
STREET ADDRESS			5.3 \$TRE	ET ADDRESS				
CiTY - ST - ZiP			5.4 CITY	-ST-ZIP				
TIFLE		☐ DELETE	61 TITL			Change	Addition	
NAME			6.2 NAM	Ē				
STREET ADDRESS			6.3 STAÈ	ET AODRESS				
CiTY+ST-7IP			6.4 CITY	-ST-ZIP				
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4. 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



2.7.97 (205) 446-3