

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000061517

FILED
Feb 17, 2005
Secretary of State

Entity Name: HEALTHCARE FISCAL MANAGEMENT, INC.

Current Principal Place of Business:

11978 PORTLAND AVE S
BURNSVILLE, MN 55337

New Principal Place of Business:

8465 MYSTIC GREENS WAY
#2204
NAPLES, FL 34113

Current Mailing Address:

11978 PORTLAND AVE S
BURNSVILLE, MN 55337

New Mailing Address:

FEI Number: 41-1845917 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GUGGISBERG, JACK
8465 MYSTIC GREENS WAY
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

GUGGISBERG, JACK
8465 MYSTIC GREENS WAY
#2204
NAPLES, FL 34113 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

02/17/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: GUGGISBERG, JACK J
Address: 8465 MYSTIC GREENS WAY 2204
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK GUGGISBERG

CEO

02/17/2005

Electronic Signature of Signing Officer or Director

Date