2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# P98000089790

Entity Name: HEALTHCARE FINANCIAL SYSTEMS, INC.

Current Principal Place of Business:

4651 SHERIDAN ST.
STE. 350
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

4651 SHERIDAN ST.
STE. 350
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-0922613 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLASSER, GENE K
2021 TYLER STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

BERNSTEIN, NEIL
19451 AMBASSADOR CT
NORTH MIAMI BEACH, FL 33179 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: NEIL BERNSTEIN 04/18/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCHWARTZBARD, MARVIN
Address: 19451 AMBASSADOR CT
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D (X) Delete
Name: SCHWARTZBARD, CAROL
Address: 19451 AMBASSADOR CT
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D ( ) Delete
Name: SCHWARTZBARD, JULIE
Address: 19451 AMBASSADOR CT
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D ( ) Delete
Name: BERNSTEIN, NEIL
Address: 19451 AMBASSADOR CT
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SCHWARTZBARD, MARVIN
Address: 6000 ISLAND BLVD APT 2704
City-St-Zip: AVENTURA, FL 33160

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

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

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 Chapter 119, 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: NEIL BERNSTEIN PRES 04/18/2006
Electronic Signature of Signing Officer or Director Date