

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000089790

FILED
Apr 14, 2010
Secretary of State

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:

BERNSTEIN, NEIL
19451 AMBASSADOR CT
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL LEWITT

CFO

04/14/2010

Electronic Signature of Signing Officer or Director

Date