

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000092777

1. Entity Name
HEALTH FINANCIAL SERVICES, INC.



Principal Place of Business

**4990 SW 72 AVE.
SUITE 104
MIAMI, FL 33155**

Mailing Address

**4990 SW 72 AVE.
SUITE 104
MIAMI, FL 33155**

DO NOT WRITE IN THIS SPACE



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0873380

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, LISBETT
10099 NW 127 ST
HIALEAH, FL 33018**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTS
DIAZ, LISBETT
10099 NW 127 STREET
HIALEAH GARDENS, FL 33018**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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1000000325658
04/23/05-80024-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-05

Date

305 665-2344

Daytime Phone #