



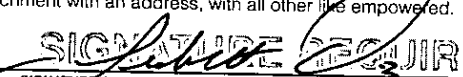
**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90108 006 \*\*\*150.00

90020194



☒ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT #</b> P98000092777				<b>Secretary of State</b> 02-07-2003 90108 006 ***150.00																									
<b>1. Entity Name</b> HEALTH FINANCIAL SERVICES, INC.																													
<b>Principal Place of Business</b> 2455 SW 27TH AVENUE SUITE 120 MIAMI FL 33145		<b>Mailing Address</b> 2455 SW 27TH AVENUE SUITE 120 MIAMI FL 33145																											
<b>2. Principal Place of Business</b> 4990 SW 72 Avenue Suite, Apt. #, etc. Suite 104 City & State Miami Florida Zip 33155 Country USA		<b>3. Mailing Address</b> 4990 SW 72 Avenue Suite, Apt. #, etc. Suite 104 City & State Miami Florida Zip 33155 Country USA		<div>90020194</div> <div></div> <div><input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES</div>																									
<b>4. FEI Number</b> 65-0873380		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																											
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																													
<b>6. Name and Address of Current Registered Agent</b> DIAZ, LISBETT 10099 NW 127 ST HIALEAH, FL 33018				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
<b>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.</b> SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																										
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<b>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 title empowered.</b>																													
<b>SIGNATURE:</b>  <b>SIGNATURE REQUIRED</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													
1-13-03 305 648-2967																													