## 2006-FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P99000071668**

1. Entity Name

FINANCIAL HEALTHCARE RESOURCES, INC.



Principal Place of Business

Mailing Address

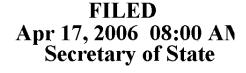
120 UNIVERSITY PARK DR

SUITE 235 WINTER PARK, FL 32792 Ann this trocity

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SUITE 235

WINTER PARK, FL 32792





01042006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3599959

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WASSERMAN, LYNN 807 RIVERS COURT ORLANDO, FL 32828

## 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, 2006 Fee will be \$550.00		Election Campaign Finan- Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees 114/29/	U00000513035^M D6-80108-019 150.00^M					
10.	OFFICERS AND DIREC	TORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASSERMAN, LYNN M 807 RIVERS CT ORLANDO, FL 32828	·								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODALL, RICHARD 7940 CASTLE PINES AVE. LAS VEGAS, NV 89113	-	DO NOT WRITE IN THIS SPACE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYRES, RYAN 1031 WATERSIDE LANE HOLLYWOOD, FL 33019	,								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O WASSERMAN, BRIAN 807 RIVERS CT. ORLANDO, FL 32792	-								
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information										

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Prortoa statutes. I further certify that the information indicated on this 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.

SI	G	N	Δ	ΓIJ	R	F

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-478-5886 422 Date Dayling Phone #