

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90034 043 \*\*\*150.00

<b>DOCUMENT # P99000071668</b> 1. Entity Name <b>FINANCIAL HEALTHCARE RESOURCES, INC.</b>			
Principal Place of Business <b>120 UNIVERSITY PARK DR SUITE 235 WINTER PARK, FL 32792</b>		Mailing Address <b>120 UNIVERSITY PARK DR SUITE 235 WINTER PARK, FL 32792</b>	
2. Principal Place of Business - No P.O. Box # <b>1155 S. SEMORAN BLVD</b>		3. Mailing Address <b>1155 S. SEMORAN BLVD</b>	
Suite, Apt. #, etc. <b>Suite 1111</b>		Suite, Apt. #, etc. <b>Suite 1111</b>	
City & State <b>Winter Park FL</b>		City & State <b>Winter Park, FL</b>	
Zip <b>32792</b>		Zip <b>32792</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3599959</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WASSERMAN, LYNN 807 RIVERS COURT ORLANDO, FL 32828</b>		7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASSERMAN, LYNN M 807 RIVERS CT ORLANDO, FL 32828	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODALL, RICHARD 7940 CASTLE PINES AVE. LAS VEGAS, NV 89113	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Goodall, Richard</b> <b>2700 Las Vegas Blvd S #3800</b> <b>LAS VEGAS, NV 89109</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYRES, RYAN 1031 WATERSIDE LANE HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ayres, Ryan</b> <b>8814 Boylston Ln</b> <b>Perry Hall MD 2112F</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O WASSERMAN, BRIAN 807 RIVERS CT. ORLANDO, FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby 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 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # <b>407-678-5116</b>	