

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P99000075071**

1. Entity Name

HEALTH FINANCIAL MANAGERS, INC.



Principal Place of Business

2851 REMINGTON GREEN CIRCLE, STE. D  
TALLAHASSEE, FL 32308

Mailing Address

2851 REMINGTON GREEN CIRCLE, STE. D  
TALLAHASSEE, FL 32308

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 15 AM 10:58



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3594332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

PIERCE, ROBERT A  
227 S. CALHOUN ST.  
TALLAHASSEE, FL 32301

**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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MITCHELL, JOSEPH D  
STREET ADDRESS 2851 REMINGTON GREEN CIRCLE, STE. D  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE STD  
NAME FARMER, C. GUY  
STREET ADDRESS 2851 REMINGTON GREEN CIRCLE, STE. D  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

300068558183  
03/24/06--01004--020 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*C. G. Farmer, Jr.*  
C. G. FARMER, JR.

3/12/06

850-386-2522