

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S12631** (5)

1. Corporation Name

**HEALTHCARE FINANCIAL ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

**2717 W. CYPRESS CREEK RD  
FT LAUDERDALE FL 33309**

**2717 W. CYPRESS CREEK RD  
FT LAUDERDALE FL 33309**



2. Principal Place of Business		2a. Mailing Address	
21 1475 W. Cypress Creek Road	26 1475 W. Cypress Creek Road		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 Suite 204	27 Suite 204		
City & State	City & State		
23 Ft. Lauderdale, Fl.	28 Ft. Lauderdale, Fl.		
Zip	Country	Zip	Country
24 33309	25 USA	29 33309	30 USA

3. Date Incorporated or Qualified <b>11/13/1990</b>	3a. Date of Last Report <b>03/21/1995</b>
4. FEI Number <b>65-0239406</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDING, STEPHEN M.  
2717 W. CYPRESS CREEK RD  
FT LAUDERDALE FL 33309**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1475 W. Cypress Creek Road</b>
83	<b>Suite 204</b>
84 City	<b>Ft. Lauderdale,</b>
FL	85 Zip Code <b>33309</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDING, STEPHEN M.</b>	1.2 NAME	
STREET ADDRESS	<b>2717 W. CYPRESS CREEK RD</b>	1.3 STREET ADDRESS	<b>1475 W. Cypress Creek Road, Suite 204</b>
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>	1.4 CITY - ST - ZIP	<b>Ft. Lauderdale, Fl. 33309</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARVALHO, PETER</b>	2.2 NAME	
STREET ADDRESS	<b>2717 W. CYPRESS CREEK RD</b>	2.3 STREET ADDRESS	<b>1475 W. Cypress Creek Road, Suite 204</b>
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>	2.4 CITY - ST - ZIP	<b>Ft. Lauderdale, Fl. 33309</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-17-96**

**954-772-7878**

CR2E034 (12/95)