## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

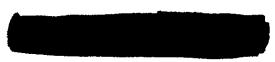
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

HEALTHCARE FINANCIAL ENTERPRISES, INC.

**FILED** Apr 03 1998 8:00am Secretary of State



HF	E, INC.	N	12/4/	40		
1475 W. CYPRESS CREEK ROAD 1475 W. CY SUITE 204 SUITE 204 FT. LAUDERDALE FL 33309 FT. LAUDER		Mailing Address 1475 W. CYPRESS ( SUITE 204 FT. LAUDERDALE FL	oddress Cypress Creek Road 14		DO NOT WRITE IN TH	IS SPACE
US		US			3. Date Incorporated or Qualified 11/13/1990	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 65-0239406	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State	)	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be	
Zip Country		Zip Country		Trust Fund Contribution  8. This corporation owes or has paid the	Added to Fees	
24	9. Name and Address of Current	29 Registered Agent	30	· · · · · · · · · · · · · · · · · · ·	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes 🔲 No
GO	LDING, STEPHEN M.	Trogration or Agorit		81 Name	in Thirer	и жувит
1475 W. CYPRESS CREEK ROAD,				82 Street Add	In Thirer dress (P.O. Box Number is Not Acceptable)	
SUITE 204				1475	W. Cyprass Creek Road, S	uite 204
FT. LAUDERDALE FL 33309				83		
				84 City	Toudoudolo E	L 85 Zip Code 33309
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes,				ove-named co	rooration submits this statement for the nurnosc	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 abligations of, Section 607.0505, Florida Statutes.						
SIGNATURE MALLE THE 3/12/98						
	Signature, typed or printed name of registered agent	<del></del>	· · · · · · · · · · · · · · · · · · ·	Agent signature requ	ulred when reinstating) DATE	NO DIDENTAL IN LA
TITLE	OFFICERS AND	DIRECTORS	13. 1.1 Tu	1F	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12  Change Addition
NAME	GOLDING, STEPHEN M.		1.2 NA			
STREET ADDRESS	447E M. OVDDEGO ODEEN DOAD OUTE 664			REET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		14 CI	Y-ST-ZIP		
TITLE	P	☐ DELET <b>e</b>	2 1 TIT	LE		Change Addition
NAME	CARVALHO, PETER		2.2 NA	ME		
STREET ADDRESS	1475 W. CYPRESS CREEK RO	AD, SUITE 204	2.3 ST	reet address		
CITY-ST-ZIP	FT. LAUDERDALE FL			TY-ST-ZIP		
TITLE		☐ DELETE				Change Addition
NAME			3.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE		DELETE		TY-ST-ZIP		Observe I Iddition
NAME		L) DECERE				☐ Change ☐ Addition
			4. 2 N/	F		
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS		
TITLE	-	DELETE		Y-ST-ZIP		Change Addition
NAME			5.2 NA			
STREET ADDRESS				IEET AODRESS		
CITY-ST-ZIP			1	Y-ST-ZIP		ロは
TITLE		☐ DELET <b>e</b>	6.1 TIT		<b>4000024790</b> -04/06/98010090	thange Modition
NAME			6.2 NA	MÉ	-04/ <u>0</u> 6/9801009(	H5
STREET ADDRESS			6.3 \$10	REET ADDRESS	***150.00	
CITY-ST-ZIP	<u></u>		6.4 CH	Y-ST-21P		
44 I horoby oc	with that the information of while of with	s this tiling along one social	the for the area		Cooling 440 07/0V/) Clarida Otal Asa I Anthon	

recept 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 annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 artifices.