

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

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # F94000004771 (1)**  
 1. Corporation Name  
**HEALTH MANAGEMENT NETWORK, INC.**



Principal Place of Business: **10400 GRIFFIN RD STE 208 COOPER CITY FL 33328 US**

Mailing Address: **10400 GRIFFIN RD STE 208 COOPER CITY FL 33328 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc: **Suite 207**  
 22 City & State  
 23 Zip: **33328**

2a. Mailing Address  
 26 Suite, Apt. #, etc: **Suite 207**  
 27 City & State  
 28 Zip: **33328**

3. Date Incorporated or Qualified: **09/15/1994**

4. FEI Number: **65-0501057**

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**CARLOW, MICHAEL**  
**12081 ASHFORD LANE**  
**DAVIE FL 33325**

10. Name and Address of New Registered Agent  
 81 Name: **ALAN GOLDBERG Receiver**  
 82 Street Address (P.O. Box Number is Not Acceptable): **10400 GRIFFIN ROAD, SUITE 207**  
 83 City: **COOPER CITY**  
 84 State: **FL**  
 85 Zip Code: **33328**

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 to both 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]* (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>Receiver</b>
NAME	<b>CARLOW, MICHAEL</b>	1.2 NAME	<b>Alan Goldberg</b>
STREET ADDRESS	<b>12081 ASHFORD LANE</b>	1.3 STREET ADDRESS	<b>10400 GRIFFIN ROAD, SUITE 207</b>
CITY-ST-ZIP	<b>DAVIE FL 33325</b>	1.4 CITY-ST-ZIP	<b>COOPER CITY, FL 33328</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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 hereby 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 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 addition with an address.

SIGNATURE: *[Signature]* **3/18/98** **954-670-3760**

CR2E034 (10/97)