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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **F96000002892 (5)**

1. Corporation Name
**NATIONAL HEALTHNET CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 621 NW 53RD ST., STE. 330<br>BOCA RATON FL 33487 | 621 NW 53RD ST., STE. 330<br>BOCA RATON FL 33487-8237 |

3. Date Incorporated or Qualified: 06/10/1996
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1900 Corporate Blvd, NW | 26 1900 Corporate Blvd, NW |
| Suite, Apt. #, etc. 22 400W | Suite, Apt. #, etc. 27 400W |
| City & State 23 Boca Raton, FL | City & State 28 Boca Raton FL |
| Zip 24 33431 Country 25 Palm Beach | Zip 29 33431 Country 30 Palm Beach |

4. FEI Number: 65-067 8356 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

**9. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | C | ☐ DELETE | 1.1 TITLE | ☑ Change ☐ Addition |
| NAME | OTTO, EDGAR | | 1.2 NAME | |
| STREET ADDRESS | 621 NW 53RD ST., STE. 330 | | 1.3 STREET ADDRESS | 1900 Corporate Blvd, NW Suite 400W |
| CITY-ST-ZIP | BOCA RATON FL 33487 | | 1.4 CITY-ST-ZIP | Boca Raton, FL 33431 |
| TITLE | DP | ☐ DELETE | 2.1 TITLE | ☑ Change ☐ Addition |
| NAME | WILCOCK, ERNEST C | | 2.2 NAME | |
| STREET ADDRESS | 621 NW 53RD ST., STE. 330 | | 2.3 STREET ADDRESS | 1900 Corporate Blvd, NW Suite 400W |
| CITY-ST-ZIP | BOCA RATON FL 33487 | | 2.4 CITY-ST-ZIP | Boca Raton, FL 33431 |
| TITLE | S | ☐ DELETE | 3.1 TITLE | ☑ Change ☐ Addition |
| NAME | PATRICK, JAMES E | | 3.2 NAME | |
| STREET ADDRESS | 621 NW 53RD ST., STE. 330 | | 3.3 STREET ADDRESS | 1900 Corporate Blvd, NW Suite 400W |
| CITY-ST-ZIP | BOCA RATON FL 33487 | | 3.4 CITY-ST-ZIP | Boca Raton, FL 33431 |
| TITLE | T/V | ☐ DELETE | 4.1 TITLE | ☑ Change ☐ Addition |
| NAME | OTTO, GREGORY | | 4.2 NAME | |
| STREET ADDRESS | 621 NW 53RD ST., STE. 330 | | 4.3 STREET ADDRESS | 1900 Corporate Blvd NW Suite 400W |
| CITY-ST-ZIP | BOCA RATON FL 33487 | | 4.4 CITY-ST-ZIP | Boca Raton, FL 33431 |
| TITLE | V | ☐ DELETE | 5.1 TITLE | ☐ Change ☑ Addition |
| NAME | ~~Kamala R. Chapman~~ | | 5.2 NAME | Kamala R. Chapman |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 1900 Corporate Blvd, NW Suite 400W |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | Boca Raton, FL 33431 |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☑ Addition |
| NAME | | | 6.2 NAME | V Jeff Mallon |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 1900 Corporate Blvd, NW Suite 400W |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | Boca Raton FL 33431 |

CR2E034 (9/96)

14. I do 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 attachment with an address.

**SIGNATURE:** [signature] Edgar Otto 1/23/97 561-994-1174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #