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 # F9600002892 (5)										
NATIONAL HEALTHNET CORPORATION								İ		
NATION	NAL HEAL	THNE! CURPUR	ATION							
Principal Place of Business Mailing Address										
1900 CORPRATE BLVD NW 1900 CORPORATE BLVD NV					MW					
400 W 400W					1417					
BOCA RATON FL 33431 BOCA RATON FL					431			DO NOT WRITE IN THIS SPACE		
US			US					3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address								06/10/1996 4. FEI Number		-Und For
21	IGCO OI BUSII	1033	<u> </u>	26				65-0678356	 	oplied For ot Applicable
Suite, Apt. #, etc. Suite, Apt. #					C.				\$8.75	
22			27	7)				5. Certificate of Status Desired		equired
City & State				City & State				6. Election Campaign Financing	\$5.00	May Be
23			28					Trust Fund Contribution	Added	to Fees
Zip	Country		 	 		Country		8. This corporation owes or has paid the cur		(
24				29] 30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
9, Name and Address of Current Registered Agent						Name		10. Name and Address of New Registered	Agent	
	-	N SERVICE COMPAN	ŧγ		81					
1201 HAYS STREET							Addre	ss (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301-2525					83					
						ļ				
						City		FL	85 Zip (Code
11. Pursuant	to the provis	ions of Sections 607.05	02 and 607.1	508, Florida Statul	tes, the abov	e-name(corpo	ration submits this statement for the purpose of in's board of directors. I hereby accept the app	changing it	s registered
office or r agent. I a	registered ag ım familiar wi	jent, or both, in the Stat th, and accept the obli	e of Florida. S pations of, Se	Such change was ction 607.0505, Fl	authorized by orida Statute	y the cor s.	rporatio	in's board of directors. I hereby accept the app	olntment as	registered
SIGNATURE										
Signature, typed or printed name of registered agont and title if applicable. (NOTE: Regis							e required	when reinstating) DATE		
12.	715	OFFICERS AF	ND DIRECTO	AS DELETE	13.		₩.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR Change	
1	ITLE C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			DECETE 1.1 31					Addition	
STREET ADDRESS 1900 CORPORATE BLVD NW			CHITE AND	The state of the s			AE CONTROL SON MONTH S CORTAL		- 151	14
CITY-ST-ZIP BOCA RATON FL			JOHL 400						•	`
TITLE	DP	AIVIII		DELETE	1.4 CITY - 5 2.1 TITLE	51 - ZIF	12/	1001 Low 22 Local	Change	Addition
NAME	WILCOCK, ERNEST C				2.2 NAME		1-20	502m 31245	,	1
STREET ADDRESS					2.3 STREET ADDRESS		11/-	T cascade Aurons		
CITY-ST-ZIP	DOOL DATON OF			<u> </u>			80	50803 co 80302		
TITLE	11018	JP	<u></u>	DELETE	3.1 TITLE		2	0	Change	Addition
NAME	PATRICK, JAMES E						800	bocz Rongia		
STREET ADDRESS		rporate blvd nv	SUITE 400	W	3.3 STREET	ADDRESS	21	13400 CASAL	A A-1	n l
CITY-ST-ZIP	BOCA R	ATON FL			3.4. CITY-	ST - ZIP	100	Achiers, new Justy	0 10	00
TITLE	T			DELETE	4.1 TITLE		12	, , , , , , , , , , , , , , , , , , , ,	Change	Addition
NAME		REGORY			4. 2 NAME		20	שיה השמוגה סן המשפורייםן כסשים	ــــــــــــــــــــــــــــــــــــــ	j
STREET ADDRESS					4.3 STREET		121	6) adopted con	~~ ^	~~~
CITY-ST-ZIP		AIUN FL		DELETE	4.4 CITY-S	T-ZIP	120	centional, Tandassee	Change	Addition
TITLE	V	D CHADNAN		May DELECTE	5.1 TITLE				T A Nambe	- Manufall
NAME CTREET ADDRESS		, R. Chapman Irporate blvd nw	CHITE ADD	NA/	5.2 NAME	ADDOCCO	1			ŀ
STREET ADDRESS		IRPORATE BLVD NW ATON FL	SUITE 400	WY.	5.3 STREET					
CITY-ST-ZIP TITLE	V DUCK R	AIVIN I L		DELETE	5.4 City-S 6.1 title	1 - 211			Change	Addition
NAME	•	LLON			6.2 NAME		1			
NAME JEFF MALLON STREET ADDRESS 1900 CORPORATE BLVD NW SUITE 400 W					6.3 STREET	ADDRESS				
CITY-ST-ZIP		ATON FL	JUITE 700	••	6.4 CITY-S					,

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 empoweded 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: 🗹

FILED

Mar 25 1998 8:00am

Secretary of State