

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90202 034 ***150.00

DOCUMENT # F96000002892

1. Corporation Name
NATIONAL HEALTHNET CORPORATION

Principal Place of Business

1900 CORPORATE BLVD NW
400 W
BOCA RATON FL 33431
US

Mailing Address

1900 CORPORATE BLVD NW
400W
BOCA RATON FL 33431
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1996

4. FEI Number

65-0678356

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME OTTO, EDGAR
STREET ADDRESS 1900 CORPORATE BLVD NW SUITE 400W
CITY-STATE-ZIP BOCA RATON FL

TITLE DP ☒ DELETE

NAME WILCOCK, ERNEST C
STREET ADDRESS 1900 CORPORATE BLVD NW SUITE 400W
CITY-STATE-ZIP BOCA RATON FL

TITLE SDVP ☐ DELETE

NAME PATRICK, JAMES E
STREET ADDRESS 1900 CORPORATE BLVD NW SUITE 400W
CITY-STATE-ZIP BOCA RATON FL

TITLE D ☐ DELETE

NAME PANGIA, ROBERT
STREET ADDRESS 31 HYDE CIR
CITY-STATE-ZIP WATCHUNG NJ 07060

TITLE D ☐ DELETE

NAME WALSH, ROBIN
STREET ADDRESS 9107 GASSERWAY COURT
CITY-STATE-ZIP BRENTWOOD TN 37027

TITLE V ☒ DELETE

NAME JEFF MALLON
STREET ADDRESS 1900 CORPORATE BLVD NW SUITE 400 W
CITY-STATE-ZIP BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO ☐ Change ☒ Addition

1.2 NAME Stephen D. Linahan
1.3 STREET ADDRESS 1900 CORPORATE BLVD NW SUITE 400W
1.4 CITY-STATE-ZIP BOCA RATON FL 33431

2.1 TITLE Director ☐ Change ☒ Addition

2.2 NAME Joseph R. R...
2.3 STREET ADDRESS 1114 21st Avenue
2.4 CITY-STATE-ZIP Seattle, WA 98112

3.1 TITLE Director ☐ Change ☒ Addition

3.2 NAME William McBride
3.3 STREET ADDRESS 150 Gulf House Road
3.4 CITY-STATE-ZIP Haverdell, PA 19041

4.1 TITLE Director ☐ Change ☒ Addition

4.2 NAME Michael Bricio
4.3 STREET ADDRESS 999 3rd Avenue SW 4760
4.4 CITY-STATE-ZIP Seattle, WA 98104

5.1 TITLE Director ☐ Change ☒ Addition

5.2 NAME Robert R...
5.3 STREET ADDRESS 7640 Classic Way
5.4 CITY-STATE-ZIP Atlanta, GA 30350-4433

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0336474