2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State
02-29-2000 90194 031 ***150.00

DOCUMENT # F96000002892

1. Entity Name

NATIONAL HEALTHNET CORPORATION

Principal Place of Business	Mailing Address
1900 CORPRATE BLVD NW 400 W BOCA RATON FL 33431 US	1900 CORPORATE BLVD NW 400W BOCA RATON FL 33431-8512 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0678356 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	CD ☐ Delete	TITLE	D ☐ Change ☒ Addition
	OTTO, EDGAR	NAME	Riccio, Michael
ADDRESS	1900 CORPORATE BLVD NW SUITE 400W	STREET ADDRESS	999 3rd Ave #4700
ST-ZIP	BOCA RATON FL	CITY-ST-ZIP	~~Boca Raton FL~~ Seattle WA 98104
	CEOD ☐ Delete	TITLE	D ☐ Change ☒ Addition
	LINEHAN, STEPHEN D	NAME	McBride, William
ADDRESS	1900 CORPORATE BLVD NW SUITE 400W	STREET ADDRESS	150 Golf House Rd
ST ZIP	BOCA RATON FL 33431	CITY-ST-ZIP	Haverford, PA 19041
	SDVP ☐ Delete	TITLE	D ☐ Change ☒ Addition
	PATRICK, JAMES E	NAME	Pope, Robert
ADDRESS	1900 CORPORATE BLVD NW SUITE 400W	STREET ADDRESS	7640 Classic Way
ST ZIP	BOCA RATON FL	CITY-ST-ZIP	Atlanta, GA 30350
	D ☐ Delete	TITLE	☐ Change ☐ Addition
	PANGIA, ROBERT	NAME	
ADDRESS	31 HYDE CIR	STREET ADDRESS	
ST-ZIP	WATCHUNG NJ 07060	CITY-ST-ZIP	
	D ☐ Delete	TITLE	☐ Change ☐ Addition
	WALSH, ROBIN	NAME	
ADDRESS	9107 GASSERWAY COURT	STREET ADDRESS	
ST-ZIP	BRENTWOOD TN 37027	CITY-ST-ZIP	
	D ☐ Delete	TITLE	☐ Change ☐ Addition
	PIPER, JOSEPH	NAME	
ADDRESS	1114 31ST AVE	STREET ADDRESS	
ST-ZIP	SEATTLE WA 98112	CITY-ST-ZIP	

CR2E034 (9/99)

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/16/00 561-994-1124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #