FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 9:04

DOCUMENT # **M42675** (2)

1. Corporation Name
NEDMAR GRAPHICS, INC. / d/b/a HEALTHNET DATA LINK

Principal Place of Business	Mailing Address
500 N.W. 165TH STREET ROAD #100 N. MIAMI BEACH FL 33169	500 N.W. 165TH STREET ROAD #100 N. MIAMI BEACH FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/1986
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 23-1428384 / 59-2744820 — ☐ 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

NEDD, KENNETH J.
500 N.W. 165TH STREET ROAD
NORTH MIAMI BEACH FL 33169

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: Kenneth J. Nedd — DATE: 5/25/95
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	CD	11 TITLE	☐ Change ☒ Addition — Director
NAME	NEDD, KESTER	12 NAME	Winston Mclean
STREET ADDRESS	500 N.W. 165TH ST. ROAD	13 STREET ADDRESS	3746 NE 209th Terrace
CITY-ST-ZIP	N. MIAMI BEACH FL	14 CITY-ST-ZIP	North Miami Bch, Aventura, FL 33180.
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	NEDD, KENNETH, JR.	22 NAME	
STREET ADDRESS	500 N.W. 165TH ST. ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ARCHIBALD, NORRIS	32 NAME	
STREET ADDRESS	1012 RUTLAND ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HODGE, JOSEPH	42 NAME	
STREET ADDRESS	ESTATE THOMAS NO. 6-1	43 STREET ADDRESS	
CITY-ST-ZIP	ST. THOMAS VI	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GREEN, BARTH	52 NAME	
STREET ADDRESS	1611 N.W. 12TH AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	ST	61 TITLE	☐ Change ☐ Addition
NAME	NEDD, LAULDI	62 NAME	
STREET ADDRESS	500 N.W. 165TH ST. ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Kenneth J. Nedd — 5/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184330 CP