2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2000 8:00 am
Secretary of State
06-16-2000 90112 049 ***550.00

DOCUMENT # M42675

1. Entity Name

HEALTHNET DATA LINK, INC.

Principal Place of Business	Mailing Address
~~500 N.W. 165TH STREET ROAD #100~~ ~~N. MIAMI BEACH FL 33160~~	~~500 N.W. 165TH STREET ROAD #100~~ ~~N. MIAMI BEACH FL 33169-6306~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3106 Commerce Parkway	3106 Commerce Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar, FL	City & State: Miramar FL
Zip: 33025 Country: U.S.	Zip: 33025 Country: U.S.

4. FEI Number 59-2744820 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~NEDD, LAULDI~~ ~~500 NW 165TH ST RD 100~~ ~~MIAMI FL 31369~~ B&C CORPORATE SERVICES, INC. 201 S. Biscayne Blvd. SUITE 3000 MIAMI, FL 33131	Name: B & C CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd, Suite 3000 City: MIAMI FL Zip Code: 33131

8. 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: [signature] 6/8/00.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. 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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CDP NEDD, KESTER 18831 W. OAKMAN DRIVE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President WILLIAM LARKIN 510 S. Park Rd, Apt. 1023 Hollywood, FL 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCLEAN, WINSTON 179 OCEAN BLVD. GOLDEN BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Kenneth Nedd 1460 NW 196th Terrace Miami, FL 33169	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ARCHIBALD, NORRIS 1012 RUTLAND ROAD BROOKLYN NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Nathan Steven 14311 SW 99 Ct Miami, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HODGE, JOSEPH ESTATE THOMAS NO. 6-1 ST. THOMAS VI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Soffer, Marsha 19501 Biscayne Blvd Aventura, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREEN, BARTH 1611 N.W. 12TH AVENUE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST NEDD, LAULDI 500 N.W. 165TH ST. ROAD N. MIAMI BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

13. 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: [signature] 6/8/00 954-331-6577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #