2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State
05-19-2001 90279 007 ***150.00

DOCUMENT # M42675

Entity Name
HEALTHNET DATA LINK, INC.

768594

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
500 NW 165 Street Road #100 N. Miami Beach, FL 33169	500 NW 165 Street Road #100 N. Miami Beach, FL 33169

Principal Place of Business	3. Mailing Address
3106 Commerce Parkway Suite, Apt. #, etc.	3106 Commerce Parkway 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

NEDD, LAULDI
500 NW 165 Street Road
#100
Miami, FL 33169

7. Name and Address of New Registered Agent

Name: NEDD, LAULDI
Street Address (P.O. Box Number is Not Acceptable): 3106 Commerce Parkway
City: Miramar FL Zip Code: 33025

. 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: Lauldi Nedd DATE: 4/25/01.
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, 2001 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 18931 W. OAKMAN DRIVE MIAMI, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CDP NEDD, KESTER 3106 COMMERCE PARKWAY MIRAMAR, FL 33025 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCEAN, WINSTON 179 OCEAN BLVD. GOLDEN BEACH, FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	☒ 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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREEN, BARTH 1611 NW 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 NW 165 STREET N. MIAMI BEACH, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST NEDD, LAULDI 3106 COMMERCE PARKWAY MIRAMAR, FL 33025 ☒ Change ☐ Addition

CR2E034 (11/00)

3. 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: Lauldi Nedd 4/25/01 954-331-6577.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #