

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M42675

FILED
Oct 07, 2005
Secretary of State

Entity Name: HEALTHNET DATA LINK, INC.

Current Principal Place of Business:

3106 COMMERCE PARKWAY
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

3106 COMMERCE PARKWAY
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 59-2744820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, MICHAEL J
1792 BELL TOWER LANE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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: MICHAEL J. COHEN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: NEDD, KESTER,
Address: 3106 COMMERCE PARKWAY
City-St-Zip: MIRAMAR, FL 33025

Title: ST () Delete
Name: NEDD, LAULDI,
Address: 3106 COMMERCE PARKWAY
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KESTER J. NEDD

CD

10/07/2005

Electronic Signature of Signing Officer or Director

Date