2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 02, 2008 8:00 am Secretary of State **DOCUMENT # M42675** 05-02-2008 90110 043 ***150.00 HEALTHNET DATA LINK, INC. Principal Place of Business Mailing Address 3106 COMMERCE PARKWAY 3106 COMMERCE PARKWAY MIRAMAR, FL 33025 MIRAMAR, FL 33025 2. Principal Place of Business - No P.O. Box 3. Mailing Address 3114 Converce Parkesung 3114 Convuerce Suite, Apt. #, etc Suite, Apt. #, etc 03182008 Chg-P CR2E034 (12/06) City & State City & State . Applied For 4. FEI Number 59-2744820 Miramar MICAMER Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEDD, KENNETH J Street Address (P.O. Box Number is Not Acceptable) 31/4 Commerce Farkway 3106 COMMERCE PKWY HOLLYWOOD, FL 33025 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent grangture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CD Change TITLE ☐ Addition ☐ Delete TITLE NAME NEDD, KESTER NAME 3114 Commerce Parkingy STREET ADDRESS 3106 COMMERCE PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR, FL 33025 TITLE ST ☐ Delete Change ☐ Addition NEDD. LAULDI NAME NAME 3114 Commerce Parkway STREET ADDRESS 3106 COMMERCE PARKWAY STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33025 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE Addition NAME NEDD, KENNETH J NAME 3114 Commerce Partiery STREET ADDRESS 3106 COMMERCE PKWY STREET ADDRESS HOLLYWOOD, FL 33025 CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if

FILED

954-331*-6*100