SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98 $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT
1998

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

98 OCT -1 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000040701 (1)

1. Corporation Name
HEALTHNET CONSULTANTS II, INC.

Principal Place of Business:
3399 Ponce de Leon Boulevard
Suite 203
Coral Gables, FL 33134

Mailing Address:
~~3399-Ponce-de-Leon-Blvd.~~
~~Suite-203~~
~~Coral-Gables,-FL-33134~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1995

4. FEI Number: 65-0585623 — 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No

2. Principal Place of Business
21 |
Suite, Apt. #, etc.
22 |
City & State
23 |
24 Zip | 25 Country

2a. Mailing Address
26 | 2600 Douglas Road
Suite, Apt. #, etc.
27 | Suite 500-A
City & State
28 | Coral Gables, FL 33134
Zip
29 | 33134
Country
30 | USA

9. Name and Address of Current Registered Agent
~~ROQUE-VELASCO,-ISMAEL~~
~~3399-Ponce-de-Leon-Blvd.~~
~~Suite--203~~
~~Coral-Gables,-FL--33134~~

10. Name and Address of New Registered Agent
81 Name: ANNETTE C. ONORATI
82 Street Address (P.O. Box Number is Not Acceptable): 2600 Douglas Road,
83 Suite 500-A
84 City: Coral Gables FL
85 Zip Code: 33134

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 and agree to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Annette C. Onorati* — ANNETTE C. ONORATI — 9/30/98
(Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

~~D~~ ~~ROQUE-VELASCO,-ISMAEL~~ ~~3399-Ponce-de-Leon-Blvd.,-Ste.203~~ ~~Coral-Gables,-FL--33134-~~	☒ DELETE
	☐ DELETE
	☐ DELETE
	☐ DELETE
	☐ DELETE
	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO

1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P CARUNCHO, JOSEPH L. 2600 Douglas Road, Suite 500-A Coral Gables, FL 33134	☐ Change ☒ Addition
2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ONORATI, ANNETTE C. 2600 Douglas Road, Suite 500-A Coral Gables, FL 33134	☐ Change ☒ Addition
3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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CR2E034 (5/98)

14. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph L. Caruncho* 9/30/98 (305) 441-7825