

P95000040701

Requester's Name	
Address	
City/State/Zip	Phone #

700004367927--6
-06/06/01--01078--004
****105.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
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(Corporation Name) (Document #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|------------------------------------|---|--|
| ☐ Walk in | ☐ Pick up time _____ | ☐ Certified Copy |
| ☐ Mail out | ☐ Will wait _____ | ☐ Certificate of Status |
| ☐ Photocopy | | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

*DFR Res
6-13-01
PKS*

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

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TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

I, ANNETTE C. ONORATI, hereby resign as Secretary
(Title)

of HEALTH NETWORK SERVICES, INC. (Document Number P95000040701)
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.

Annette C. Onorati 6/1/01
(Signature of resigning officer/director)

FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**