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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000102404 (5)

HEALTHNET OF CENTRAL FLORIDA, P.A.

Principal Place of Business

825 E CENTURY MEDICAL DR

Mailing Address

825 E CENTURY MEDICAL DR

FILED May 11 1998 8:00am Secretary of State



TITUSVILLE FL 32796 TITUSVILLE FL 32796 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/04/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 123 Sowh Park Ave Suite, Apt. #, etc. 123 South Park Ave. 26 Not Applicable Sulte, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State. City & State 6. Election Campaign Financing \$5.00 May Be FL Titusville Trust Fund Contribution Irtusville Added to Fees 32796 Country Country 8. This corporation owes or has paid the current year Intangible BREVARD Brevaro Personal Property Tax due June 30. Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **WEIDNER & WORTEL** 10156 CENTURION PARKWAY N., SUITE 190 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32256 84 City Zip Code 85 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. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title (cappinable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PRESIDENT TITLE DELETE 1.1 TITLE Change DR STEPHEN LAGERERU NAME 12 NAME 123 Sown Park Ave STREET ADDRESS 1.3 STREET ADDRESS TITUSVINE PL 32796 CITY-ST-ZIP 1.4 CITY-ST-ZIP Vice President DELETE Change Addition TITLE 2.1 TITLE DR Peter Balsam NAME 2.2 NAME 123 South Park Ave STREET ADDRESS 2.3 STREET ADDRESS MTUSVIlle FL 32796 CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE Change Addition TITLE Treasuren 3.1 TITLE 3.2 NAME NAME or Dovg Anderson 123 S. Park Ave STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP TITUSVILLE EL BATGL 3.4. CITY-ST-ZIP DELETE 4.1 71TLE Change Addition TITLE NAME 4. 2 NAME 4.3 STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITL€ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME STREET ADORESS 6.3 STREFT ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 annual report or supplemental rapid 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 occiver 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 appears.