

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

NOON
 -AV

DOCUMENT # P97000102404

1. Entity Name
HEALTHNET OF CENTRAL FLORIDA, P.A.

02-17-2002 90081 035 ***150.00

Principal Place of Business Mailing Address
127 S PARK AVENUE 127 S PARK AVENUE
127 127
TITUSVILLE FL 32796 TITUSVILLE FL 32796
US US



2. Principal Place of Business **117 South Park Ave**
 3. Mailing Address **P.O. Box 6446**

Suite, Apt. #, etc. ~~Titusville, FL~~

DO NOT WRITE IN THIS SPACE

City & State **Titusville FL** City & State **TITUSVILLE FL**

4. FEI Number **59-3488934** Applied For
 Not Applicable

Zip **32796** Country **USA** Zip **32782** Country **BREVARD**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONALD W. WEIDNER, P.A.
11265 ALUMNI WAY, STE 201
JACKSONVILLE FL 32246

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAGERGREN, S 123 SOUTH PARK AVENUE TITUSVILLE FL 32796	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STORRY, MARK 127 S PARK AVENUE TITUSVILLE FL 32796	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, DOUG D 127 S PARK AVENUE TITUSVILLE FL 32796	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BALSAM, PETER D 127 SOUTH PARK AVENUE TITUSVILLE FL 32796	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Storey, Mark	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIENST, FRANK 127 S. PARK AVE. TITUSVILLE, FL 32796	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature **ROBERT L. CANTENBEIN** 1.4.02 321.264.1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (9/01)