

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000102404

FILED  
Jan 14, 2005  
Secretary of State

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

**Current Principal Place of Business:**

117 SOUTH PARK AVENUE  
TITUSVILLE, FL 32796 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 6446  
TITUSVILLE, FL 32782 US

**New Mailing Address:**

FEI Number: 59-3488934      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUSEMAN, MARQUINEZ & SCHLEGEL  
6320 ST. AUGUSTINE ROAD BULIDING 12  
JACKSONVILLE, FL 32217 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LAGERGREN, S  
Address: 117 SOUTH PARK AVENUE  
City-St-Zip: TITUSVILLE, FL 32796

Title: S ( ) Delete  
Name: STOREY, MARK  
Address: 117 S PARK AVENUE  
City-St-Zip: TITUSVILLE, FL 32796

Title: T ( ) Delete  
Name: DIENST, FRANK  
Address: 117 S. PARK AVENUE  
City-St-Zip: TITUSVILLE, FL 32796

Title: VP ( ) Delete  
Name: BALSAM, PETER D  
Address: 117 SOUTH PARK AVENUE  
City-St-Zip: TITUSVILLE, FL 32796

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IVAN L. GANTENBEIN

ADM

01/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date