FILE NOW: FILING FEE AFTER MAY 1 IS $ .00

CORPORATION ANNUAL REPORT 1999

AMENDED

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

FILED
99 SEP 22 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000038482

1. Corporation Name
Healthnet Pharmacy Services, inc.

Principal Place of Business
1550 West 84 Avenue
Hialeah, Florida 33014

Mailing Address
Same

000002996550--6
-09/24/99--01072--007
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04-28-98
3a. Date of Last Report:

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

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0842465 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

ARAZOZA COMAS DE TORRES
2100 Salzedo Street
Coral Gables, Fla. 33134

10. **Name and Address of New Registered Agent**

81 Name: MIGUEL A. MORENO
82 Street Address (P.O. Box Number is Not Acceptable): 1550 West 84 Avenue
83
84 City: Hialeah FL 85 Zip Code: 33014

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] Miguel A. Moreno 9-20-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS OR CHANGES TO OFFICERS AND/OR DIRECTORS

| | | |
|---|---|---|
| 1.1 TITLE | PD | ☒ Change ☐ Addition |
| 1.2 NAME | MIGUEL A. MORENO | |
| 1.3 STREET ADDRESS | 1550 West 84 Avenue | |
| 1.4 CITY-ST-ZIP | ~~Hialeah, Fla. 33014~~ | |
| 2.1 TITLE | V | ☒ Change ☐ Addition |
| 2.2 NAME | NIURIS PERAZA | |
| 2.3 STREET ADDRESS | 1550 West 84 Avenue | |
| 2.4 CITY-ST-ZIP | ~~Hialeah, Fla. 33014~~ | |
| 3.1 TITLE | S D | ☒ Change ☐ Addition |
| 3.2 NAME | JORGE A. DIAZ | |
| 3.3 STREET ADDRESS | 3400 Coral Way | |
| 3.4 CITY-ST-ZIP | Miami, Fla. 33145 | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 KE the name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Miguel A. Moreno (305)446-2055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

President 9-20-1999