

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000004775

**Entity Name:** NET HEALTH AFFILIATES, INC.

**Current Principal Place of Business:**

4700 N. STATE ROAD 7  
SUITE 202  
LAUDERDALE LAKES, FL 33319

**Current Mailing Address:**

8520 US HWY 1 G-7  
MICCO, FL 32976 US

**FEI Number:** 47-2995508

**Certificate of Status Desired:** No

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

HUBERT, LISA R  
8520 US HIGHWAY 1, G7  
MICCO, FL 32976 US

*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

**Officer/Director Detail :**

Title	PTSD	Title	V
Name	HUBERT, LISA R	Name	SANT, KEVIN S
Address	8520 US HIGHWAY 1 G-7	Address	6530 NW 29 ST
City-State-Zip:	MICCO FL 32976	City-State-Zip:	SUNRISE FL 33313

*I hereby 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 all other like empowered.*

**SIGNATURE:** LISA R HUBERT

**OWNER**

**04/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date