

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000102404

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

Current Principal Place of Business:

1785 GARDEN ST.
TITUSVILLE, FL 32796

Current Mailing Address:

P.O BOX 3087
TITUSVILLE, FL 32781 US

FEI Number: 59-3488934

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAM R. HUSEMAN, PA
3733 UNIVERSITY BOULEVARD WEST
SUITE 210B
JACKSONVILLE, FL 32217 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 | P | Title | S |
| Name | LAGERGREN, S | Name | STOREY, MARK |
| Address | 1713 GARDEN STREET | Address | 1785 GARDEN STREET |
| City-State-Zip: | TITUSVILLE FL 32796 | City-State-Zip: | TITUSVILLE FL 32796 |

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: MARK S STOREY

DOCTOR

01/26/2015

Electronic Signature of Signing Officer/Director Detail

Date