

**2017 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:**

1785 GARDEN STREET  
TITUSVILLE, FL 32796 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 S  
Name STOREY, MARK  
Address 1785 GARDEN STREET  
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

**MEDICAL DOCTOR**

**02/14/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date