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CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	F94000002807	(5)
1 Comoration Mania		

HEALTHNET SPECIALTIES, INC.

Principal Place of Business Mailing Address 2700 COLORADO AVE. 2700 COLORADO AVE. SUITE 200 SUITE 200 SANTA MONICA CA 90404 SANTA MONICA CA 90404 3. Date Incorporated or Qualified 3a. Date of Last Report 05/27/1994 04/12/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 75-2533265 26 Not Applicable 21 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5 Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zin Country Zio Country 8. This corporation has liability for intangible tax unider s. 199.032, 29 30 Florida Statutes Yes No 24 25 10. Name and Address of New Registered Agent
Name
1 0 0 1 7 0 8 2 1
C T Corporation System / 06/96--01101--016
Street Address (P.O. Box Number is Not Acceptable 00 00 *****200.0 9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 82 ****200.00 1201 HAYS ST. **SUITE 105** TALLAHASSEE FL 32301 Zip Code 33324 84 Plantation 85 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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607,0505, Florida Statutes. atunt Fitzpatrick, Asst. Secretary IOTa: Registered Agent signature (ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13 [] DELETE Change & Addition THEF 1.1 THLE Secretary BROWN, SCOTT M. 1.2 NAM5 NAME 2700 COLORADO AVE. STREET ADDRESS 1.3 STREET ADDRESS SANTA MONICA CA 1.4 CHY-ST-ZIP CITY - ST - ZIF [] DELETE [Change 2 1 TITLE [Addition FOCHT, MICHAEL H.

2700 COLORADO AVE. STREET ADDRESS. 2.3 STREET ADDRESS SANTA MONICA CA CHY ST-ZP 24 CHY-ST-ZIP [] DELETE ☐ Addition THE 3 1 DILE MACKEY, THOMAS B. NAME 3.2 NAME 2700 COLORADO AVE. STREET ADDRESS 33 STREET ADDRESS SANTA MONICA CA Offy \$1-76 34 CITY-ST-ZIP DELETE Change ■ Addition TITLE 4 1 TITLE MCMULLEN, TERENCE P. NAME 42 NAME 2700 COLORADO AVENUE 4.3 STREET ADDRESS STREE! ADDRESS SANTA MONICA CA 4.4 CITY - ST - ZIP CHY SI-ZIP DELETE ☐ Change Addition Title EVP 5 1 TITLE SMITH W. RANDOLPH NAMI 5 2 NAME 14001 DALLAS PARKWAY, STE. 200 STREET ADDRESS 5.3 STREET ADDRESS DALLAS TX CUTY - ST - ZIF 5 4 CITY - ST - ZIP **₹**] DELETE ☐ Change Addition **VPAS** TILLE 6.1 Till E SABATINO, THOMAS J. NAME 6.2 NAME 14001 DALLAS PARKWAY, STE. 200 6 3 STREET ADDRESS STREET ADDRESS

CHY-SI-ZIP

DALLAS TX

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 cert by 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 cath, 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 applied in Block 12 or Block 13 it changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

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(310)998-8427

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