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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

F94314 DOCUMENT #

(4)

 Corporation Name HEALTHNET SERVICES, INC.

FILED

Secretary of State

May 01 1996 8:00 am

Mailing Address Principal Place of Business % GARY STRACK S GARY STRACK 1414 KUHL AVE 1414 KUHL AVE ORLANDO FL 32806 ORLANDO FL 32806 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995 08/12/1982 4. FFt Number Applied For 2. Principa! Place of Business 2a, Mailing Address 59-2246203 Not Applicable 26 21 c/o PAUL GOLDSTEIN \$8.75 Additional Suite, Apt. #, etc 1414 KUHL AVENUE 5. Certificate of Status Desired Fee Required 27 ORLANDO FL 22 <u>1414 KUHL AYE</u> \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 ORLANDO FI 8. This corporation has liability for intangible tax under s. 199.032 Country Zip Country Zιρ 30 X Yes No Florida Statutes 29 32806 24 25 32806 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MATEER, WILLIAM G 82 225 E ROBINSON ST 83 SUITE 600 ORLANDO FL 32806 Zio Code 84 City 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 office or 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE NOTE Registered Agest signal as required when recisiatings Signature, typed or printed han e of registered agest and life if application ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE DV 1.1 THE TITLE CR2E034 1.2 NAME BOZARD, JOHN NAME 1414 KUHL AVE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4.0(1Y-S1-ZIF Change ☐ Addition DELETE 2 1 T:TLE JOHN HILLENMEYER TITLE HILLENMEYER, JOHN 2.2 NAME 1414 KUHL AVENUE NAME ORLANDO FL 1414 S. KUHL AVE. 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 2.4 CITY - ST - 7IP CITY-ST-ZIP (X) DELETE Change Addition 3 1 1111 6 TITLE GOLDSTEIN, PAUL STRACK, GARY 3.2 NAME NAME 1414 KUHL AVE 3.3 STREET ADDRESS 1414 KUHL AVENUE STREET ADDRESS ORLANDO FL 32806 ORLANDO FL 3 4 CiTY - ST - ZIF CITY-ST-ZIP DELETE Change Addition 4 17(1) TiTLE SINGLETON, GARRY HODGES, KARL 4.2 NAME NAME 1414 KUHL AVE 1414 KUHL AVE 4.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32806 ORLANDO FL 4.4.C/TY - ST - Z/P CHTY-ST-ZIP DELETE ☐ Change Addition 5 1 HGE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addit on Change DELETE 6 I TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CHY - 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 certify 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 in Block 13 if changed, or on an attachment with an address

SIGNING OFFICER OR DIRECTOR