FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94314** **(4)**

1. Corporation Name
HEALTHNET SERVICES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% GARY STRACK 1414 KUHL AVE ORLANDO FL 32806	C/O PAUL GOLDSTEIN 1414 KUHL AVENUE ORLANDO FL 32806 US

2. Principal Place of Business	2a. Mailing Address
21 C/o John Hillenmeyer	26
Suite, Apt. #, etc. 22 1414 Kuhl Ave	Suite, Apt. #, etc. 27
City & State 23 Orlando, FL	City & State 28
Zip 24 32806 Country 25 Orange	Zip 29 Country 30

3. Date Incorporated or Qualified **08/12/1982**

4. FEI Number **59-2246203** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MATEER, WILLIAM G
225 E ROBINSON ST
SUITE 600
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name David L. Evans
82 Street Address (P.O. Box Number is Not Acceptable) 225 E Robinson Street, Ste 600
83
84 City Orlando FL 85 Zip Code 32801

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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE [signature] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4/28/98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BOZARD, JOHN		1.2 NAME	
STREET ADDRESS	1414 KUHL AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HILLENMEYER, JOHN		2.2 NAME	
STREET ADDRESS	1414 S. KUHL AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, PAUL		3.2 NAME	
STREET ADDRESS	1414 KUHL AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME			4.2 NAME	Abe Lopman
STREET ADDRESS			4.3 STREET ADDRESS	1414 Kuhl Ave
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Orlando, FL 32806
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

[signature]