2002 UNIFORM BUSINESS REPORT (UBR)

FILED
F94314
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 24 PM 4:01

USBR2AV

DOCUMENT # F94314

1. Entity Name

HEALTHNET SERVICES, INC.

Principal Place of Business	Mailing Address
C/O JOHN HILLENMEYER/1414 KUHL AVENUE 1414 KUHL AVE ORLANDO FL 32806 US	C/O PAUL GOLDSTEIN 1414 KUHL AVENUE ORLANDO FL 32806 US

DO NOT WRITE IN THIS SPACE

05-29-02 93637 001 600.00 $150.00

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EVANS, DAVID L 225 E ROBINSON ST, STE 600 ORLANDO FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILLENMEYER, JOHN 1414 S. KUHL AVE. ORLANDO FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILLENMEYER, JOHN 1414 KUHL AVE., MP4 ORLANDO, FL 32806 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GOLDSTEIN, PAUL 1414 KUHL AVENUE ORLANDO FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST GOLDSTEIN, PAUL 1414 KUHL AVE., MP 2 ORLANDO, FL 32806 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPMAN, ABE 1414 KUHL AVENUE ORLANDO FL 32806 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPMAN, ABE 1414 KUHL AVE., MP61 ORLANDO, FL 32806 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC HODGES, KARL 1414 KUHL AVE ORLANDO FL 32806 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP HODGES, KARL 1414 KUHL AVE., MP 71 ORLANDO, FL 32806 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul A. Goldstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02
Date

Daytime Phone #

5/24/02 ao