

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94314

FILED
Apr 01, 2004
Secretary of State

Entity Name: HEALTHNET SERVICES, INC.

Current Principal Place of Business:

C/O JOHN HILLENMEYER/1414 KUHL AVENUE
1414 KUHL AVE
ORLANDO, FL 32806 US

New Principal Place of Business:

C/O JOHN HILLENMEYER
1414 KUHL AVE MP1
ORLANDO, FL 32806 US

Current Mailing Address:

ORLANDO REGIONAL HEALTHCARE
PO BOX 562008
ORLANDO, FL 328562008 US

New Mailing Address:

ORLANDO REGIONAL HEALTHCARE
1414 KUHL AVENUE MP 2
ORLANDO, FL 32806 US

FEI Number: 59-2246203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, DAVID L
225 E ROBINSON ST, STE 600
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HILLENMEYER, JOHN,
Address: 1414 S. KUHL AVE., MP4
City-St-Zip: ORLANDO, FL 32806

Title: DST () Delete
Name: GOLDSTEIN, PAUL
Address: 1414 KUHL AVE., MP2
City-St-Zip: ORLANDO, FL 32806

Title: D (X) Delete
Name: LOPMAN, ABE
Address: 1414 KUHL AVE., MP61
City-St-Zip: ORLANDO, FL 32806

Title: CP () Delete
Name: HODGES, KARL
Address: 1414 KUHL AVE., MP71
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PAUL A. GOLDSTEIN

DST

04/01/2004

Electronic Signature of Signing Officer or Director

_____ Date