2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# F94314

Entity Name: HEALTHNET SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 US

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

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

Title: D ( ) Delete
Name: HARR, STEPHAN
Address: 1414 KUHL AVENUE, MP 2
City-St-Zip: ORLANDO, FL 32806 US

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 exemption stated in Chapter 119, 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 GOLDSTEIN DST 02/26/2009

Electronic Signature of Signing Officer or Director Date