


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

FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000003259 (6)**

1. Corporation Name

**NATIONAL HEALTHNET SYSTEMS INC.**

Principal Place of Business

**621 NW 53RD STREET, STE 330  
BOCA RATON FL 33487**

Mailing Address

**621 NW 53RD STREET, STE 330  
BOCA RATON FL 33487-8237**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/26/1996</b>	3a. Date of Last Report
21	<b>1900 Corporate Blvd, NW</b>	26	<b>1900 Corporate Blvd, NW</b>	4. FEI Number <b>65-0678371</b>	Applied For <input type="checkbox"/> Not Applicable
22	<b>400 W</b>	27	<b>400 W</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	<b>Boca Raton FL</b>	28	<b>Boca Raton FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	<b>33431</b>	25	<b>Palm Beach</b>	29	<b>33431</b>
30	<b>Palm Beach</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILCOX, ERNEST C</b>	1.2 NAME	<b>Wilcox, Ernest C</b>
STREET ADDRESS	<b>621 NW 53RD ST., STE 330</b>	1.3 STREET ADDRESS	<b>1900 Corporate Blvd, NW Suite 400 W</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>
TITLE	<b>S</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATRICK, JAMES E</b>	2.2 NAME	<b>1900 Corporate Blvd, NW Suite 400 W</b>
STREET ADDRESS	<b>621 NW 53RD ST., STE 330</b>	2.3 STREET ADDRESS	<b>Boca Raton, FL 33431</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	2.4 CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>
TITLE	<b>T</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OTTO, GREGORY</b>	3.2 NAME	<b>1900 Corporate Blvd, NW Suite 400 W</b>
STREET ADDRESS	<b>621 NW 53RD ST., STE 330</b>	3.3 STREET ADDRESS	<b>Boca Raton, FL 33431</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	3.4 CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>
TITLE	<b>CD</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OTTO, EDGAR</b>	4.2 NAME	<b>1900 Corporate Blvd, NW Suite 400 W</b>
STREET ADDRESS	<b>621 NW 53RD ST., STE 330</b>	4.3 STREET ADDRESS	<b>Boca Raton, FL 33431</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	4.4 CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Mann, Gregory</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>1900 Corporate Blvd, NW Suite 400 W</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Hal S. Gettings</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>1900 Corporate Blvd, NW Suite 400 W</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>

14. I do 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 supplement 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Edgar Otto**

**3/22/97 561-994-1174**

Date

Daytime Phone #

CR2E034 (9/96)