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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K87255

NETWORK INSURANCE SENIOR HEALTH DIVISION, INC.

Principal Place of Business Mailing Address					{ E INDUNEN KAT KATIN CAND NOOLONGL DAN DAN DAN DAN DIDIN UNDIN TURIN DAN DAN INDU		
2536 COUNTRYSIDE BLVD 4TH FLOOR CLEARWATER FL 34623		2536 COUNTRYSIDE BLVD 6TH FLOOR CLEARWATER FL 34623-1639					
US	-C 34023	US	,		3. Date Incorporated or Qualified 3a. Date of Last Report 05/10/1989 02/23/1996		
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number Applied F	For	
21		26			59-2953469 Not Appli	icable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		
City & State	0	City & State			6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Feet		
Zip 24	Country 25	Zip 29 3	Country		8. This corporation has liability for irrangible tax under s. 199.0 Florida Statutes Yes No	32,	
	g, Name and Address of Curren	t Registered Agent			10. Name and Address of New Régistered Agent		
	DNA, HEATHER L.		81	Name			
	COUNTRYSIDE BLVD. FLOOR		82	Street	t Address (P.O. Box Number is Not Acceptable)		
CLE	ARWATER FL 34623		83				
			84	City	FL 85 Zip Code		
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorized by	the con	d corporation submits this statement for the purpose of changing its regis rporation's board of directors. I hereby accept the appointment as registe	ilered ared	
SIGNATURE		h Addi					
12.	Signature, typed or printed name of registered ages OFFICERS AND	····	13.	nu signature	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.	2	
THILE	PDST	KKOELETE	1.1 TITLE			Addition	
NAME	BOESCH, GARY R.	121			BOESCH, GARY R.		
STREET ADDRESS	2536 COUNTRYSIDE BLVD.		1.3 STREET	ADORESS	DEDC Commemoral as Dama Clock's D	100	
CITY - ST - ZIP	CLEARWATER FL		1.4 CITY- S		Clearwater, FL 34623		
TOLE		DELETE	2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	S Change XX A	ddition	
NAME			2.2 NAME		PATRICK, WANITA S.		
STREET ADDRESS			23 STREET	ADDRESS	· · · · · · · · · · · · · · · · · · ·	FL	
CITY-S1-ZiP			2.4 City-	ST-ZIP	Clearwater, FL 34623		
TOTLE		☐ DELETE	3.1 TITLE			Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY -	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change A	Addition	
NAME			4. 2 NAME	:			
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - \$	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ A	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CHY-ST-ZIP			5.4 CHY-S	1-219			
THTLE		DELETE	6.1 TITLE		Change A	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			

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 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 altechment with an address. 2/27/97 (813)9920 Daysine Prone # Wanita S. Patrick, Sec

FILED

Mar 05 1997 8:00am

Secretary of State