
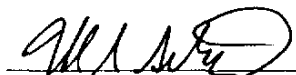


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9800000873 NATIONAL HEALTHNET INFORMATION SYSTEMS, L. C. 1150 LOWRY STREET DELRAY BEACH FL 33483		1a. Principal Place of Business Address 1150 LOWRY STREET DELRAY BEACH FL 33483	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		3. Date Organized or Qualified 06/24/1998	3a. State of Formation FL
		4. FEI Number 65-0846649	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent FRESE, GARY B 930 S. HARBOR CITY BLVD., SUITE 505 MELBOURNE FL 32901		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code 32901	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
<small>(Registered Agent/Agent/Managing Member) (P.O. Box) (Registered Agent/Agent/Managing Member) (Registered Agent/Agent/Managing Member)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR MGR	FRESE, GARY B GETTINGS, HAL S	930 S. HARBOR CITY BLVD., 1150 LOWRY ST.	MELBOURNE FL DELRAY BEACH, FL 33483
			300002794798-3 -03/04/99-01075-015 ***188.75 ***188.75
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		HAL S. GETTINGS 2/21/99 561-279-2404	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED AGENT/AGENT/MANAGING MEMBER/CONTROLLER</small>			