

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Feb 08, 2004
Secretary of State**

DOCUMENT# L98000000873

Entity Name: NATIONAL HEALTHNET INFORMATION SYSTEMS, L.C.

Current Principal Place of Business:

441 3RD AVE.
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

441 3RD AVE.
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 65-0846649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRESE, GARY B
930 S. HARBOR CITY BLVD., SUITE 505
MELBOURNE, FL 32901 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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GETTING, HAL S
Address: 441 3RD AVE.
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic 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.

SIGNATURE: HAL S GETTINGS

MGRM

02/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date