

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90038 024 \*\*\*\*55.00

**DOCUMENT # L98000000873**



1. Entity Name  
**NATIONAL HEALTHNET INFORMATION SYSTEMS, L.C.**

Principal Place of Business  
**441 3RD AVE.  
INDIALANTIC FL 32903**

Mailing Address  
**441 3RD AVE.  
INDIALANTIC FL 32903**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0846649** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	GETTING, HAL S	441 3RD AVE.	INDIALANTIC FL 32903	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I 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 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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 3/17/03 321-409-9331

CR2E083 (10/02)