

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90119 011 ***150.00

DOCUMENT # M42675

1. Corporation Name

HEALTHNET DATA LINK, INC.

Principal Place of Business

500 N.W. 165TH STREET ROAD #100
N. MIAMI BEACH FL 33169

Mailing Address

500 N.W. 165TH STREET ROAD #100
N. MIAMI BEACH FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1986

4. FEI Number

59-2744820

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



No

9. Name and Address of Current Registered Agent

NEDD, LAULDI
500 NW 165TH ST RD 100
MIAMI FL 33169

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

TITLE CDP. ☐ DELETE

NAME NEDD, KESTER
STREET ADDRESS 18831 W. OAKMAN DRIVE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME MCLEAN, WINSTON
STREET ADDRESS 179 OCEAN BLVD.
CITY-ST-ZIP GOLDEN BEACH FL

TITLE VP ☐ DELETE

NAME ARCHIBALD, NORRIS
STREET ADDRESS 1012 RUTLAND ROAD
CITY-ST-ZIP BROOKLYN NY

TITLE D ☐ DELETE

NAME HODGE, JOSEPH
STREET ADDRESS ESTATE THOMAS NO. 6-1
CITY-ST-ZIP ST. THOMAS VI

TITLE D ☐ DELETE

NAME GREEN, BARTH
STREET ADDRESS 1611 N.W. 12TH AVENUE
CITY-ST-ZIP MIAMI FL

TITLE ST ☐ DELETE

NAME NEDD, LAULDI
STREET ADDRESS 500 N.W. 165TH ST. ROAD
CITY-ST-ZIP N. MIAMI BEACH FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☒ Addition

☐ Change

☒ Addition

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☐ Addition

☐ Change

☐ Addition

14. 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-99 (305) 948-3001

CR2E034 (11/98)

0245848