

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N05178** (1)
1. Corporation Name
HUMAN SERVICES NETWORK, INC.



Principal Place of Business: **4110 N. STATE ROAD #7 LAUDERDALE LAKES FL 33319-4827**
Mailing Address: **4110 N. STATE ROAD #7 LAUDERDALE LAKES FL 33319-4827**

3. Date Incorporated or Qualified: **09/17/1984**
3a. Date of Last Report: **01/26/1995**
4. FEI Number: **59-2450043**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **27**
Zip: **23** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**PUDWELL, JOHN
8255 NW 9 COURT
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name: John Pudwell
82 Street Address (P.O. Box Number is Not Acceptable): 2540 NW 80th Avenue
83
84 City: Margate FL 85 Zip Code: 33063

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HURST, O. M III	
STREET ADDRESS	110 SE 6 ST.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEIN, ROBERT	
STREET ADDRESS	9661 N.W. 24TH PLACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VONAMMON, FREDRIC	
STREET ADDRESS	8004 NW 83RD STREET	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BRANDT, ANN I	
STREET ADDRESS	300 NW 70TH AVE.	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DEES, VAN S	
STREET ADDRESS	888 NW 62ND ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	PUDWELL, JOHN	
STREET ADDRESS	8255 NW 9 COURT	
CITY-ST-ZIP	PLANTATION FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hunter, Samuel Ph.D., M.D.	
1.3 STREET ADDRESS	601 W. Atlantic Blvd.	
1.4 CITY-ST-ZIP	Pompano Beach, FL 33060	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Tom Long	
2.3 STREET ADDRESS	First Union Bank, 200 E. Broward Blvd.	
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Patrick Bailey	
3.3 STREET ADDRESS	2460 N. State Road 7	
3.4 CITY-ST-ZIP	Lauderdale Lakes, FL 33311	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Robin King	
4.3 STREET ADDRESS	Tripp, Scott, Conklin - 110 SE 6 St.	
4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Klein, Robert	
5.3 STREET ADDRESS	9661 NW 24 Place, Sunrise, FL 33322	
5.4 CITY-ST-ZIP		
6.1 TITLE	MD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Pudwell, John	
6.3 STREET ADDRESS	2450 NW 80th Avenue	
6.4 CITY-ST-ZIP	Margate, FL 33063	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *John Pudwell* 1/18/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date/Phone #

CR2E037 (12/95)