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May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05178**  
1. Corporation Name

(1)

**HUMAN SERVICES NETWORK, INC.**

Principal Place of Business

Mailing Address

**4110 N. STATE ROAD #7  
LAUDERDALE LAKES FL 33319-4827**

**4110 N. STATE ROAD #7  
LAUDERDALE LAKES FL 33319-4827**



3. Date Incorporated or Qualified

**09/17/1984**

4. FEI Number

**59-2450043**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PUDWELL, JOHN  
2540 N.W. 80TH AVE.  
MARGATE FL 33063**

**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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/27/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **HUNTER, SAMUEL P MD**  
STREET ADDRESS **801 WEST ATLANTIC BLVD**  
CITY-ST-ZIP **POMPANO BEACH FL**

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **Gaudiosi, John**  
1.3 STREET ADDRESS **201 S.E. 6th Street**  
1.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE **VD** ☐ DELETE  
NAME **LONG, TOM**  
STREET ADDRESS **FIRST UNION BANK, 200 EAST BROWARD BLVD**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

2.1 TITLE **P/D** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE  
NAME **BAILEY, PATRICK**  
STREET ADDRESS **2480 NORTH STATE ROAD 7**  
CITY-ST-ZIP **LAUDERDALE LAKES FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **S** ☒ DELETE  
NAME **MEYERS, JUDITH**  
STREET ADDRESS **4725 N. FEDERAL HWY**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **Robinson, Majorie**  
4.3 STREET ADDRESS **840 S. W. 81st Avenue**  
4.4 CITY-ST-ZIP **North Lauderdale, FL 33068**

TITLE **D** ☐ DELETE  
NAME **KLEIN, ROBERT**  
STREET ADDRESS **9861 NE 24TH PLACE**  
CITY-ST-ZIP **SNRISE FL**

5.1 TITLE **V/D** ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **MD** ☐ DELETE  
NAME **PUDWELL, JOHN**  
STREET ADDRESS **2450 NW 80TH AVENUE**  
CITY-ST-ZIP **MARGATE FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 117, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

*John Gaudiosi*

**4/27/98**

**(954)  
731-8770**

CR2E037 (10/97)