

2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
May 31, 2001 8:00 am
Secretary of State

05-10-2001 90193 027 ****61.25

DOCUMENT # N99000002110

1. Entity Name

FLORIDA HEALTHNET, INC.

Principal Place of Business

Mailing Address

C/O MYRA MONFORT

1241 GULF OF MEXICO DRIVE
 LONGBOAT KEY FL 34228

C/O MYRA MONFORT

1241 GULF OF MEXICO DRIVE 601 Potter La.
 LONGBOAT KEY FL 34228

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1653403

Applied For

(Not Applicable)

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BOWMAN, DAVID G JR.
22 SOUTH TUTTLE AVENUE
SUITE 3
SARASOTA FL 34237

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	Delete
NAME	DWOSKIN, JOSEPH Y DR.	
STREET ADDRESS	1241 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	Delete
NAME	DENT, DARNELL	
STREET ADDRESS	1241 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	Delete
NAME	MCCRAY, RICHARD A DR.	
STREET ADDRESS	1241 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	Delete
NAME	MONFORT, MYRA	
STREET ADDRESS	1241 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	Delete
NAME	MONFORT, KEN	died 2/2/01
STREET ADDRESS	1241 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	Delete
NAME	RANDISI, SAL	
STREET ADDRESS	1241 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

Myra H. Monfort
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Myra H. Monfort
 DAYTIME PHONE #

303
442-1098

CR2E037 (10/00)

941-383-
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