

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 13 AM 9:10

DOCUMENT # *P00000047741*

1. Entity Name

*Health-Net Institute of Miami Inc.*



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*2828 Coral Way*

Suite, Apt. #, etc.

3. Mailing Address

*5400 S. University Dr.*

Suite, Apt. #, etc.

*# 405*

**REINSTATEMENT** *03*

DO NOT WRITE IN THIS SPACE

City & State

*Miami FL*

City & State

*Davie FL*

4. FEI Number

*651007267*

Applied For

Not Applicable

Zip

Country

Zip

Country

*33328*

*U.S.A*

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*Frank C. Hernandez*

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

*5400 S. University Dr.*

*# 405*

City

*Davie*

FL

Zip

*33328*

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

*Frank C. Hernandez*

Registered Agent Signature (Required when Reinstating)

*10/7/03*

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*PO  
Frank C. Hernandez  
5400 South University Dr.  
Davie FL*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*100023767951  
10/13/03--01099--024 \*\*\$50.00*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*VP  
Amada Hernandez  
5400 South University Dr.  
Davie FL*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 supplement 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/7/03*

DATE

Daytime Phone #

CR2E034B (12/02)

October 7, 2003

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

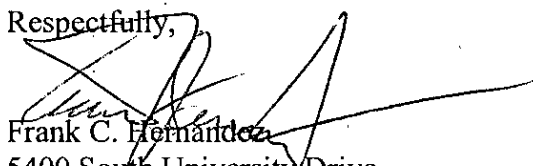
To Whom It May Concern:

Today, it has come to my attention that inadvertently, a Uniform Business Report was not filed for several companies in which I am an Officer/ Director.

When I realized a UBR was not received or misplaced for these corporations by mail, I downloaded the UBR form and completed the requested information. In addition, a printout from the website is attached for each corporation to each UBR. Corrections were made to the UBR when applicable. If the UBR fails to make any disclosure, the information from the printout will prevail.

Each of these UBR's together with the applicable fee (including late fee) is attached. If I can offer any further information or clarification, please do not hesitate to contact me. Your attention to this matter is greatly appreciated.

Respectfully,



Frank C. Hernandez  
5400 South University Drive  
Suite 405  
Davie, FL 33328  
[Frankchernandez@accumed.us](mailto:Frankchernandez@accumed.us)  
Telephone (954) 680-4782 x116