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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mogtham

Secretary of State 1 73

DIVISION OF CORPORATIONS

DOCUMENT # P9300001027 (0)

NETWORK HEALTH SERVICES, INC.

**FILED** Apr 17 1998 8:00am Secretary of State

|--|

Manual LAKES FL 30016   Manu								
MIMB LIMES FL 30016  Je Suite, April 4, etc.  2	•		Mailing Address	3				100
2. Principal Place of Business   2a. Mailing Address   2a. Mailing	SUITE 220		SUITE 220	SUITE 220		DO NOT HIDTE IN THIS SPACE		
2. Mailing Address  2. Mailing Address  3. Mailing Address  4. FEI Humber   Applied For   Molt Applied For	MIAM! LAVE	5 FL 33016	MIAMI LAKES I	-L 33016			HIS SPACE	
22. Mailing Activess   22. Mailing Activess   23. Mailing Activess   24. FEI Number   25. Substitute   26. Substitute   27. S						•		
Suite. Apt. 6, etc.    26	2. Principal P	Place of Business	2a. Mailing Add	ess			Applied	For
Suite, Apt. #, etc.  2   20   20   20   20   20   20   20	21		26			65-0389152		
City & State   City & State   City & State   City & State		#, etc.	Suite, Apt. #	, etc.			\$8.75 Additio	onal
Trust Fund Contribution	22		27			b. Certificate of Status Desired	Fee Required	d
Country   2p   Country   2p   3e   3e   3e   3e   3e   3e   3e   3	<b>—</b>	te	City & State			6. Election Campaign Financing	\$5.00 May F	Ве
B. Name and Address of Current Registered Agent  WEINER, GARY A  Stell NW 154 ST HALEAH FL 33018  83  84  City FL  85  Street Address (P.O. Box Numbor is Not Acceptable)  83  84  City FL  85  Street Address (P.O. Box Numbor is Not Acceptable)  83  84  City FL  85  Zip Code  11. Pursuant to the provisions of Sections 657,0020 and 607,1508, Florids Shatutes, the above nemed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above nemed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above nemed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above nemed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above nemed corporation submits this statement for the purpose of changing its registered agent. I have needed on the corporation's board of directors. I hereby accept the appointment as registered agent a	23			<del></del>		Trust Fund Contribution	Added to Fee	<u>es</u>
WEINER, GARY A  SITE IN WIS 15 ST  HALEAH FL 33016  80  81  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-ramed corporation submills 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 thereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I thereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I thereby accept the appointment as registered office or registered of the purpose of changing is registered office or regi	<b>一</b> `	<u> </u>	} <del>-</del> -¬	<b>├</b> ──	ountry			
WEINER, GARY A  1818 I NW 194 ST  HALEAH FL 33016  80  80  81  80  81  82  Street Address (P.O. Box Number is Not Acceptable)  83  84  City  FL  85  87  87  87  87  87  87  87  87  87	24			30	<del></del>			
BB Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sociaons 507 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am femiliar with, and accept the originations of, Sociaon 607 0505, Tolida Statutes, and accept the dispersion of, Sociaon 607 0505, Tolida Statutes, statement for the purpose of changing its registered agent. I am femiliar with, and accept the originations of, Sociaon 607 0505, Tolida Statutes, statement for the purpose of changing its registered agent. I am femiliar with, and accept the originations of, Sociaon 607 0505, Tolida Statutes, statement for the purpose of changing its registered agent. I am femiliar with, and accept the originations of, Sociaon 607 0505, Tolida Statutes, statement for the purpose of changing its registered agent. I am femiliar with, and accept the originations of, Sociaon 607 0505, Tolida Statutes, statement for the purpose of changing its registered office or getstared accept the origination of, Sociaon 607 0505, Tolida Statutes, statement for the purpose of changing its registered office or getstared accept the origination of, Sociaon 607 0505, Tolida Statutes, statement for the purpose of changing its registered office or getstared accept the origination of control of the purpose of changing its registered office or getstared accept to the purpose of changing its registered office or getstared accept to the purpose of changing its registered accept the appointment acceptable in the purpose of changing its registered accept to the purpose of changing its registered accept to the origination of, Sociaon of Control of	LAZ	<del></del>	Of Outlett hegistered Agent		81 Name	10, Hame Bild Address of Hew Heylste	I DO WAGIII	
HIALEAH F.L. 33016  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above remed corporation submits this statement for the purpose of changing its registered agent. I am femiliar with, and accept the obligations of, Section 607 505. The final factor is a statutes. The section of the purpose of changing its registered agent. I am femiliar with, and accept the obligations of, Section 607 505. The final factor is a statutes. SIGNATURE  Signature. Signature. Special or pention rame of regioners agent and the final factor is granter agent agent agent and the special rame of regioners agent agen								
B3   B4   City   FL   B5   Zip Code					82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
### Addition  #### Addition  ##### Addition  ###################################	TI.	7447III L VVV 10			83			
11. Pursuant to the provisions of Sections 607 0.502 and 607.1508, Florida Statutes, the above named corporation submills this statement for the purpose of changing its registered office or registered agent, to mit femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, type of precisions of Sections 607.0505, Florida Statutes.  SIGNATURE  Signature, type of precisions of Sections 607.0505, Florida Statutes.  SIGNATURE  Signature, type of precisions of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, type of precisions of Sections 607.0505, Florida Statutes.  SIGNATURE  Signature, type of precisions of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, type of precisions of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, type of precisions of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, type of precisions of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, type of precisions of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, type of precisions of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, type of precisions of Section 607.0505, Florida Statutes.  Signature, type of precisions of Section 607.0505, Florida Statutes.  Signature, type of precisions of Section 607.0505, Florida Statutes.  Signature, type of precisions of Section 607.0505, Florida Statutes.  Signature type of the appointment as registered of directors. I hereby accept the appointment as registered accept the Appointment		•						
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Floridal Statutes, the above named corporation submits this statement for the purpose of changing is registered agent. I am familiar with, and accept the obligations of, Section 607 0505. Floridal Statutes.  SIGNATURE    Control of the provisions of Section 607 0505. Floridal Statutes.					84 City		85 Zip Code	
office or regilistered agent, to mit mite State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, to mit mite mismilar with, and accept the obligations of, Section 607.0505. Florida Statutus.  SIGNATURE  Signature, typed or preind raine or registered agent agent in a mite in aguit-chain programment agent a	11 Pursuant	to the provisions of Section	s 607 0502 and 607 1508 Flori	da Statutas, the	above-named co			istored
SIGNATURE    SigNature. Typed or prelind name of regionary apprilled name of regionary regionary apprilled name of regionary regionary regionary apprilled name of regionary r	office or i	registered agent, or both, in	n the State of Florida. Such char	nge was authori:	zed by the corpor	ation's board of directors. I hereby accept the	appointment as regist	tered
Signature, typed or forming rame of registerate and time if applicables (NOTE Registered Apont signature required when centating)  22. OFFICERS AND DIRECTORS IN 12  TITLE  DP  WEINER, GARY A  8181 N.W. 154 ST., SUITE 220  ITILE  DST  MIAMI LAKES FL 33016  ITILE  DST  DACAMARA, WILLIAM A IV  8181 N.W. 154 ST., SUITE 220  MIAMI LAKES FL 33016  ITILE  DACAMARA, WILLIAM A IV  8181 N.W. 154 ST., SUITE 220  MIAMI LAKES FL 33016  ITILE  DELETE  ACTIVE ST. ZIP  MIAMI LAKES FL 33016  DELETE  ACTIVE ST. ZIP  ITILE  ACTIVE ST. ZIP  ACTIVE ST. ZIP  ITILE  ACTIVE ST. ZIP  ITILE  ACTIVE ST. ZIP  ITILE  ACTIVE ST. ZIP  ITILE  ACTIVE ST. ZIP  ACTIVE ST. ZIP  ITILE  ACTIVE ST. ZIP  ACTIVE ST. ZI	•	im familiar with, and accep	t the obligations of, Section 607	.0505, Florida S	tatules.			
TITLE  DP  OFFICERS AND DIFFECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  WEINER, GARY A  8181 N.W. 154 ST., SUITE 220  MIAMI LAKES FL 33016  DELETE  1.1 TITLE  DST  DACAMARA, WILLIAM A IV  STREET ADDRESS  OFFY-ST-ZP  MIAMI LAKES FL 33016  DELETE  2.1 TITLE  DATE	SIGNATURE	Signature, typed or popled name of	registered accol and title if applicable	(NOTE: Reniste	ered Agont signature reg	uired when rainstation)	TF.	
TITLE MAME MANE MEINER, GARY A MISH N.W. 154 ST., SUITE 220 MIAMI LAKES FL 33016  TITLE DST DACAMARA, WILLIAM A N STREET ADDRESS OTTY-ST-ZIP MITTLE MAME DST DACAMARA, WILLIAM A N STREET ADDRESS OTTY-ST-ZIP MIAMI LAKES FL 33016  DELETE DST DACAMARA, WILLIAM A N STREET ADDRESS OTTY-ST-ZIP MIAMI LAKES FL 33016  DELETE DELETE DELETE STITLE DELETE	12.				·			12
STREET ADDRESS   STREET ADDRESS   AL CITY-ST-ZIP	TITLE	DP .	D	ELETE 1.1	TITLE			
TITLE	NAME	WEINER, GARY A		1.2	NAME (			
MIAMI LAKES FL 33016	STREET ADDRESS	8181 N.W. 154 ST.,	SUITE 220	1.3	STREET ADDRESS			
TITLE DST DACAMARA, WILLIAM A IV 22 NAME STREET ADDRESS 8181 N.W. 154 ST., SUITE 220 CITY-ST-ZIP MIAMI LAKES FL 33016  DELETE 2.1 TITLE  DELETE 2.2 NAME 2.2 NAME 2.2 STREET ADDRESS CITY-ST-ZIP TITLE  DELETE 4.1 TITLE  DELETE 4.1 TITLE  DELETE 4.1 TITLE  NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE  NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE  NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE  DELETE 6.1 TITLE  NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE  NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE  DELETE 6.1 TITLE  DELETE 6.1 TITLE  DELETE 6.1 TITLE  DELETE 6.1 TITLE  DELETE 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP TITLE  DELETE 6.1 TITLE  DELETE 6.1 TITLE  DELETE 6.1 TITLE  DELETE 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP  DELETE 6.1 TITLE  DELETE 6	CITY-ST-ZIP	MIAMI LAKES FL 33	016	1.4	CITY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33016  2.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME  3.1 TITLE 3.1 TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 4.1 TITLE NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.1 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.1 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.3 STREET ADDRESS SA CITY-ST-ZIP TITLE NAME 5.3 STREET ADDRESS SA CITY-ST-ZIP SA CITY-ST-ZIP TITLE NAME 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS RASTREET ADDRESS R	TITLE	DST	□ D				☐ Change ☐ /	Addition
DELETE   D	NAME	DACAMARA, WILLIA	M A IV	2.2	NAME			
DELETE   DELETE   STREET ADDRESS   STR	STREET ADDRESS	8181 N.W. 154 ST.,	SUITE 220	2.3	STREET ADDRESS			
NAME	CITY-ST-ZIP	MIAMI LAKES FL 33	016	2.4	4 CITY - ST- ZIP			
33 STREET ADDRESS   34 CITY-ST-ZIP	TITLE		□ DI	LETE 3.1	TITLE		Change /	Addition
34. City - St - ZiP	NAME			3.2	NAME			
DELETE	STREET ADDRESS	ł		3.3	STREET ADDRESS		4	
A 2 NAME	CITY-ST-ZIP			3.4	. CITY-ST-ZIP			
Addition	TITLE		DI	LETE 4.1	TITLE		Change / 🗆 A	Addition
Addition	NAME			4.3	2 NAME		1/1///	
DELETE   DELETE   51 TITLE   DELETE   Addition	STREET ADDRESS			4.3	STREFT ADDRESS	7/	<i>'   Ψ/ </i>	)
NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  DELETE  6.1 TITLE  NAME  STREET ADDRESS  6.2 NAME  6.2 NAME  6.3 STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.5 CITY-ST-ZIP  6.6 CITY-ST-ZIP	CITY-ST-ZIP			4.4	CITY-ST-ZIP		U I I I	ند 
53 STREET ADDRESS   53 STREET ADDRESS   54 CITY-ST-ZIP     54 CITY-ST-ZIP     54 CITY-ST-ZIP     54 CITY-ST-ZIP     50 CITY-ST-ZIP     61 TITLE   62 NAME   62 NAME   703/25/98-01076-022     ***450.00	TITLE		D	ELETE 51	TITLE		🛄 Change 🔲 🗸	Addition
CITY-ST-ZIP	NAME			52	NAME			
###450.00    DELETE   G.1 TITLE   GOODO2468256   Ganage   Addition   G2 NAME   CO3/25/98-01076-022   W##450.00    STREET ADDRESS   W##450.00	STREET ADDRESS			5.3	STREET ADDRESS			
STREET ADDRESS ###450.00	CITY-ST-ZIP	. <u> </u>					3 <del>6</del> 6	
STREET ADDRESS ###450.00	TITLE		□ DI	ELETE 6.1	TITLE	-02/25/0001070	二、近 <b>近</b> hange	Addition
CITY-ST-ZIP	NAME			6.2	NAME	**************************************	-UCC	
6.4 CITY-ST-ZIP  14. I hereby certify that the information supplied with this filting 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 supplier of the corporation of the	STREET ADORESS			6.3	STREET ADDRESS	<b>ホホホヤンリ。UU</b>		
14. I hereby certify that the information supplied with this filting 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 suppliernor in the control of the corporation of the corporation.	CITY-ST-ZIP			6.4	CITY-ST-ZIP			
officer or director of the corporation of the corpo	indicated	centry that the information so on this annual report or so	upplied with this filing does not pplemental innual report is true	quality for the e	xemption stated in Ind that my signat	n Section 119,07(3)(i), Florida Statutes. I furtho ture shall have the same legal effect as if mad	ar certify that the inform e under path: that I am	nation n an
	officer or	director of the corporation	Try ucque or trustee empov	vered to executi	e this report as re-	quired by Chapter 607, Florida Statutes; and t	hat my name appears	in

701822586