SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 AM 8:15

DOCUMENT # **P93000027192 (2)**

1. Corporation Name

HEALTHNET CONSULTANTS, INC.

Principal Place of Business	Mailing Address
~~2150 CORAL WAY~~ ~~8TH FLR~~ ~~MIAMI FL 33145~~ US	~~2150 CORAL WAY~~ ~~8TH FLR~~ ~~MIAMI FL 33145~~ US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/12/1993
3a. Date of Last Report: 06/16/1994

2. Principal Place of Business
21 999 PONCE DE LEON BLVD
Suite, Apt. #, etc.
22 STE 40
City & State
23 CORAL GABLES, FL
Zip 24 33134 Country 25

2a. Mailing Address
26 999 PONCE DE LEON BLVD
Suite, Apt. #, etc.
27 STE 40
City & State
28 CORAL GABLES, FL
Zip 29 33134 Country 30

4. FEI Number: 65-0434322 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROQUE-VELASCO, ISMAEL ~~2150 CORAL WAY~~ ~~8TH FLR~~ ~~MIAMI FL 33145~~	81 Name: ROQUE-VELASCO ISMAEL 82 Street Address (P.O. Box Number is Not Acceptable): 999 PONCE DE LEON BLVD 83: STE 40 84 City: CORAL GABLES **FL** 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 6/15/95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	ROQUE-VELASCO, ISMAEL	12 NAME		
STREET ADDRESS	2150 CORAL WAY 8TH FLR	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	~~VPD~~	21 TITLE		☐ Change ☐ Addition
NAME	~~FONSECA, LUIS~~	22 NAME		
STREET ADDRESS	~~2150 CORAL WAY 8TH FLR~~	23 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL~~	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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

SIGNATURE: [signature] ISMAEL ROQUE-VELASCO 6/15/95
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

0048941 CP