FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000022863 (1)**

1. Corporation Name
HEALTHNET PLUS, INC.

Principal Place of Business
5905 HAMPTON OAKS PARKWAY
SUITE C
TAMPA FL 33610

Mailing Address
5905 HAMPTON OAKS PARKWAY
SUITE C
TAMPA FL 33610

3. Date Incorporated or Qualified: 03/21/1995
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-3308378 — 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
CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name: JAMES GIBSON
82 Street Address (P.O. Box Number is Not Acceptable): 5905 HAMPTON OAKS PARKWAY
83 SUITE C
84 City: TAMPA FL 85 Zip Code: 33610

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: _____ 4/10/96 DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filed statewide)

12. OFFICERS AND DIRECTORS

TITLE	PD	☑ DELETE
NAME	KELLY, TERRY	
STREET ADDRESS	5905 HAMPTON OAKS PARKWAY STE C	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	C	☐ DELETE
NAME	SCANLAN, JOSEPH C	
STREET ADDRESS	5905 HAMPTON OAKS PARKWAY STE C	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	SCANLAN, JOSEPH	
1.3 STREET ADDRESS	5905 HAMPTON OAKS PKWY, STE C	
1.4 CITY-ST-ZIP	TAMPA, FL 33610	
2.1 TITLE	T	☐ Change ☒ Addition
2.2 NAME	PAWLOWSKI, KEVIN	
2.3 STREET ADDRESS	5905 HAMPTON OAKS PKWY, STE C	
2.4 CITY-ST-ZIP	TAMPA, FL 33610	
3.1 TITLE	S	☐ Change ☒ Addition
3.2 NAME	BATISTA, MADELYN	
3.3 STREET ADDRESS	5905 HAMPTON OAKS PKWY, STE C	
3.4 CITY-ST-ZIP	TAMPA, FL 33610	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	700001829037	☐ Change ☐ Addition
5.2 NAME	-05/20/96--01038--041	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: Kevin Pawlowski 5/10/96
KEVIN PAWLOWSKI 1/29/96
TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #