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	Mailing Address
5905 HAMPTON OAKS PARKWAY SUITE C TAMPA FL 33610	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):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
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: _____ DATE: 4/10/96
Signature, type or printed name of registered agent, and date. Mandatory. (NOTE: Filing Forest Agent signature required when fee is paid.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KELLY, TERRY 5905 HAMPTON OAKS PARKWAY STE C TAMPA FL 33610	☑ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD SCANLAN, JOSEPH 5905 HAMPTON OAKS PKWY, STE C TAMPA, FL 33610	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C SCANLAN, JOSEPH C 5905 HAMPTON OAKS PARKWAY STE C TAMPA FL 33610	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	T PAWLOWSKI, KEVIN 5905 HAMPTON OAKS PKWY, STE C TAMPA, FL 33610	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S BATISTA, MADELYN 5905 HAMPTON OAKS PKWY, STE C TAMPA, FL 33610	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	700001829037 -05/20/96--01038--041 ***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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