

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33610-9570
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2. Principal Place of Business 21 615 South WARE BOULEVARD Suite Apt. #, etc. 22 City & State 23 TAMPA, FLORIDA Zip 24 33619 Country	2a. Mailing Address 26 P.O. Box 1072 Suite, Apt. #, etc. 27 City & State 28 MANGO, FLORIDA Zip 29 33550 Country
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3. Date Incorporated or Qualified 03/21/1995	3a. Date of Last Report 05/15/1996
4. FEI Number 59-3308378	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
GIBSON, JAMES
5905 HAMPTON OAKS PARKWAY
SUITE C
TAMPA FL 33610

10. Name and Address of New Registered Agent
81 Name
PETER J. KELLY
82 Street Address (P.O. Box Number is Not Acceptable)
501 E. KENNEDY BLVD.
83 SUITE 1400
84 City
TAMPA
FL 85 Zip Code
33602

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, 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when relistening) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCANLAN, JOSEPH 5905 HAMPTON OAKS PARKWAY TAMPA FL 33610 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PAWLOWSKI, KEVIN 5905 HAMPTON OAKS PARKWAY TAMPA FL 33610 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 615 South WARE BOULEVARD TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BATISTA, MADELYN 5905 HAMPTON OAKS PARKWAY TAMPA FL 33610 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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:  4/25/97 (813) 621-4800
Date Daytime Phone #
KEVIN PAWLOWSKI

CR2E034 (9/96)