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FILED
Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000040701 (1)

1. Corporation Name

HEALTHNET CONSULTANTS II, INC.

Principal Place of Business

999 PONCE DE LEON BLVD
SUITE 40
CORAL GABLES FL 33134

Mailing Address

999 PONCE DE LEON BLVD
SUITE 40
CORAL GABLES FL 33134-3037

3. Date Incorporated or Qualified
05/23/1995

3a. Date of Last Report
08/22/1996

4. FEI Number
65-0585623

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

2. Principal Place of Business

21 999 Ponce de Leon Blvd
Suite, Apt. #, etc. Ste 730

22 City & State
Coral Gables FL

23 Zip
33134

24 Country
USA

2a. Mailing Address

26 999 Ponce de Leon Blvd
Suite, Apt. #, etc. Ste 730

27 City & State
Coral Gables FL

28 Zip
33134

29 Country
USA

9. Name and Address of Current Registered Agent

ROQUE-VELASIO, ISMAEL
999 PONCE DE LEON BLVD
SUITE 40
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Ste. 730
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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

1-15-97

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROQUE-VELASCO, ISMAEL
STREET ADDRESS 701 BRICKELL AVE SUITE 1200
CITY-ST-ZIP MIAMI FL 33134

TITLE D
NAME GARCIA, ISABEL
STREET ADDRESS 701 BRICKELL AVE
CITY-ST-ZIP MIAMI FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 999 Ponce de Leon Blvd Ste 730
1.4 CITY-ST-ZIP Coral Gables FL 33134

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 999 Ponce de Leon Blvd Ste 730
2.4 CITY-ST-ZIP Coral Gables FL 33134

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

1-15-97

CR2E034 (9/96)