

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000045544 (0)

1. Corporation Name

HEALTHNET MARITIME SERVICES II, INC.

2. Principal Place of Business

3399 Ponce de Leon Blvd.
Suite 203
Coral Gables, FL 33134

3. Mailing Address

3399-Ponce-de-Leon-Bldg.
Suite-203
Coral-Gables, FL-33134

2. Principal Place of Business

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2a. Mailing Address

26 | 2600 Douglas Road
27 | Suite 500-A

28 |
29 |

30 | 33134

31 |

32 | USA

9. Name and Address of Current Registered Agent

ROQUE-VELASCO, ISMAEL
3399-Ponce-de-Leon-Bldg.
Suite-203
Coral-Gables, FL--33134

11. The undersigned, pursuant to Sections 607.07(1)(a) and 607.11(1)(b), Florida Statutes, for the above named corporation submits this statement for the purpose of changing its registered agent and its address to the Secretary of State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent of the undersigned for the period of twelve (12) months from the date of filing of this statement.

Signature of Agent

Annette C. Onorati

ANNETTE C. ONORATI

9/30/98

12. OFFICERS AND DIRECTORS

1. NAME
2. ADDRESS
3. CITY
4. STATE
5. ZIP
6. PHONE
7. FAX
8. E-MAIL
9. OTHER
10. OTHER
11. OTHER
12. OTHER
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100. OTHER

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. NAME
2. ADDRESS
3. CITY
4. STATE
5. ZIP
6. PHONE
7. FAX
8. E-MAIL
9. OTHER
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14. I, the undersigned, certify that I am a resident of the State of Florida and that I am qualified to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the list of officers and directors of the corporation and that my signature shall have the same legal effect as if made under oath by me.

SIGNATURE:

Joseph L. Carunchio 9/30/98 (301) 441-8125

FILED
98 OCT -1 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/06/1995

4. FEI Number
65-0585622

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 owes or has paid the current year total general
Personal Property Tax due June 30 ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name
ONORATI, ANNETTE C.

82. Street Address (P.O. Box Number is Not Acceptable)
2600 Douglas Road

83. Suite 500-A

84. City
Coral Gables

FL 85. Zip Code
33134

98032500