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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000045544

1. Corporation Name

HEALTHNET MARITIME SERVICES II, INC.



Principal Place of Business

Mailing Address

3399 FONCE-DE-LEON BLVD
209
CORAL GABLES FL 33134
US

2600 DOUGLAS ROAD
SUITE 500-A
CORAL GABLES FL 33134

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 the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 2600 Douglas Road

26 2600 Douglas Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 710

27 Suite 710

City & State

City & State

23 Coral Gables, FL

28 Coral Gables, FL

Zip

Zip

Country

Country

24 33134 25 USA

29 33134 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ONORATI, ANNETTE C
2600 DOUGLAS ROAD
SUITE 500-A
CORAL GABLES FL 33134

81 Name

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

83 Suite 710

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

ANNETTE C. ONORATI

(NOTE: Registered Agent signature required when reinstating)

3/29/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME CARUNCHO, JOSEPH L
STREET ADDRESS 2600 DOUGLAS ROAD, SUITE 500-A
CITY-ST-ZIP CORAL GABLES FL 33134

DELETE

TITLE S
NAME ONORATI, ANNETTE C
STREET ADDRESS 2600 DOUGLAS ROAD, SUITE 500-A
CITY-ST-ZIP CORAL GABLES FL 33134

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

2600 Douglas Road, Suite 710
Coral Gables, FL 33134

Change Addition

2600 Douglas Road, Suite 710
Coral Gables, FL 33134

Change Addition

Change Addition

Change Addition

Change Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Joseph L. Caruncho

3/29/99

(305) 567-1045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)