


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91029 015 \*\*\*150.00

<b>DOCUMENT # P97000102404</b>	
1. Entity Name <b>HEALTHNET OF CENTRAL FLORIDA, P.A.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>117 SOUTH PARK AVENUE</b>		3. Mailing Address <b>P.O. BOX 6446</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>TITUSVILLE FL</b>		City & State <b>TITUSVILLE FL</b>	
Zip <b>32796</b>	Country <b>US</b>	Zip <b>32782</b>	Country <b>US</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3488934</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

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IN THIS SPACE**

7. Name and Address of New Registered Agent	
Name <b>HUSEMAN, MARQUINEZ &amp; SCHLEGEL</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>6320 ST. AUGUSTINE ROAD BUILDING 12</b>	
City <b>JACKSONVILLE</b>	Zip Code <b>FL 32217</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Romualdo C. Marquinez Jr.* **ROMUALDO C. MARQUINEZ, JR.** **1/17/2003**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LAGERGREN, S 123 SOUTH PARK AVENUE TITUSVILLE FL 32796</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S STOREY, MARK 127 SOUTH PARK AVENUE TITUSVILLE FL 32796</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DIENST, FRANK 127 S. PARK AVENUE TITUSVILLE FL 32796</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BALSAM, PETER D 127 SOUTH PARK AVENUE TITUSVILLE FL 32796</b>	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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ivan J. Montero* **4.4.3** **321-264-1000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)