


FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90024 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS											
DOCUMENT # P98000034067 1. Corporation Name AES HEALTHNET, INC.															
Principal Place of Business 5313 JOHNS RD- SUITE 201 TAMPA FL 33634			Mailing Address 5313 JOHNS RD- SUITE 201 TAMPA FL 33634												
DO NOT WRITE IN THIS SPACE															
3. Date Incorporated or Qualified 04/14/1998															
2. Principal Place of Business 21 6800 N. Dale Mabry Suite, Apt. #, etc. 22 Suite 100 City & State 23 Tampa, FL Zip Country 24 33614 25 USA		2a. Mailing Address 26 6800 N. Dale Mabry Suite, Apt. #, etc. 27 Suite 100 City & State 28 Tampa, FL Zip Country 29 33614 30 USA		4. FEI Number 59-3572112 <table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable								
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No													
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE FL 32301			10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81 Name</td> <td></td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>FL</td> </tr> <tr> <td>85 Zip Code</td> <td></td> </tr> </table>			81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	FL	85 Zip Code	
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83															
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>															
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12												
TITLE <input type="checkbox"/> DELETE D NAME BROES, CHUCK STREET ADDRESS 5313 JOHNS RD- SUITE 201 CITY-ST-ZIP TAMPA FL 33634	<input type="checkbox"/> Change <input type="checkbox"/> Addition		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D 1.2 NAME Broes, Chuck 1.3 STREET ADDRESS 6800 N. Dale Mabry Suite 100 1.4 CITY-ST-ZIP Tampa, FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition											
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P 2.2 NAME Alan J. Iezzi 2.3 STREET ADDRESS 6800 N. Dale Mabry, Suite 100 2.4 CITY-ST-ZIP Tampa, FL 33614	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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 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:

 ALAN IEZZI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)