

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034067

1. Entity Name

AES HEALTHNET, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90014 028 ***150.00

Principal Place of Business

Mailing Address

6800 N. DALE MABRY
STE 100
TAMPA FL 33614

6800 N. DALE MABRY
STE 100
TAMPA FL 33614-3984

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3512112

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301

Name

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

6800 N. Dale Mabry Hwy

Suite 100

City

Tampa

FL

Zip Code

33614

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BROES, CHUCK	
STREET ADDRESS	6800 N. DALE MABRY STE 100	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	P	<input type="checkbox"/> Delete
NAME	IEZZI, ALAN J	
STREET ADDRESS	6800 N. DALE MABRY - STE 100	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.E.O.

Date

Daytime Phone #

4/14/00 8138826567

CR2E034 (9/99)