



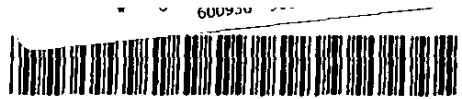
FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90093 003 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |   FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|

DOCUMENT # P98000105122 ✓

1. Corporation Name

HEALTH NETWORK 2000, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1998

4. FEI Number

65-0929626

Applied For

Not Applicable

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

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MENENDEZ, MAYDA A
4041 S.W. 5TH TERRACE
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name

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

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

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

(NOTE: Registered Agent signature required when releasing)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 1.2 NAME | MAYDA A MENENDEZ |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 4041 SW 5TH TER |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | MIAMI, FL 33134 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | ROSA M FERNANDEZ |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 4041 SW 5TH TER |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | MIAMI, FL 33134 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | Sec/Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | EDDY F FERNANDEZ |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 6423 COLLINS AVE APT 1008 |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | MIAMI BEACH FL 33141 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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:

EDDY F FERNANDEZ
Sec/Treas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 (305) 445-1150
 Date Daytime Phone

CR2E034 (1/98)