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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S18456** **(1)**

1. Corporation Name
HEALTH-NET-USA INC.

Principal Place of Business	Mailing Address
5891 WEST 10TH AVENUE HIALEAH FL 33012-2302	5891 WEST 10TH AVENUE HIALEAH FL 33012-2303

3. Date Incorporated or Qualified: 12/12/1990
3a. Date of Last Report: 03/01/1996

2. Principal Place of Business	2a. Mailing Address
21 3920 W. 12 AVE	26 3920 W. 12 AVE.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: HIALEAH, FL	28 City & State: HIALEAH, FL
24 Zip: 33012 25 Country: USA	29 Zip: 33012 30 Country: USA

4. FEI Number: 65-0232559 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PADRON, RAFAEL M.
5891 WEST 10TH AVENUE
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name: RAFAEL M. PADRON
82 Street Address (P.O. Box Number is Not Acceptable): 4290 SW 109 AVE
83
84 City: DAVIE FL 85 Zip Code: 33328

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] RAFAEL M. PADRON - VP/Sec. Treasurer/Director DATE: 4/15/97
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	VP/S/T/D	☒ Change ☐ Addition
NAME	PADRON, RAFAEL M.		1.2 NAME	RAFAEL M. PADRON	
STREET ADDRESS	5891 WEST 10TH AVENUE		1.3 STREET ADDRESS	4290 SW 109 AVE	
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	SVD	☒ DELETE	2.1 TITLE	P/D	☐ Change ☒ Addition
NAME	PADRON, MERCEDES M.		2.2 NAME	JULIO J. MARTINEZ	
STREET ADDRESS	5891 WEST 10TH AVENUE		2.3 STREET ADDRESS	1470 W. 76 ST.	
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE		☐ DELETE	3.1 TITLE	VP/D	☐ Change ☒ Addition
NAME			3.2 NAME	RAUL H. SERAFIN	
STREET ADDRESS			3.3 STREET ADDRESS	2950 S.W. 135 AVE	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	MIAMI, FL 33175	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] REQUIRED 4/15/97 305-536-9702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #