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Apr 18 1997 8:00am
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
5891 WEST 10TH AVENUE
HIALEAH FL 33012-2302

Mailing Address
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
21 3920 W. 12 AVE
Suite, Apt. #, etc.
22
City & State
23 HIALEAH, FL
Zip 24 33012
Country 25 USA

2a. Mailing Address
26 3920 W. 12 AVE.
Suite, Apt. #, etc.
27
City & State
28 HIALEAH, FL
Zip 29 33012
Country 30 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: RAFAEL M. PADRON - VP/SEC. TREASURER/DIRECTOR — DATE 4/15/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	PADRON, RAFAEL M.	
STREET ADDRESS	5891 WEST 10TH AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SVD	☒ DELETE
NAME	PADRON, MERCEDES M.	
STREET ADDRESS	5891 WEST 10TH AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/S/T/D	☒ Change ☐ Addition
1.2 NAME	RAFAEL M. PADRON	
1.3 STREET ADDRESS	4290 SW 109 AVE	
1.4 CITY-ST-ZIP	DAVIE, FL 33328	
2.1 TITLE	P/D	☐ Change ☒ Addition
2.2 NAME	JULIO J. MARTINEZ	
2.3 STREET ADDRESS	1470 W. 76 ST.	
2.4 CITY-ST-ZIP	HIALEAH, FL 33014	
3.1 TITLE	VP/D	☐ Change ☒ Addition
3.2 NAME	RAUL H. SERAFIN	
3.3 STREET ADDRESS	2950 S.W. 135 AVE	
3.4 CITY-ST-ZIP	MIAMI, FL 33175	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 — 305-556-9702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D11000047