

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S80281** (6)
1. Corporation Name
DOMINION HEALTHNET, INC.



Principal Place of Business 5200 BLUE LAGOON DRIVE SUITE 250 MIAMI FL 33126 US	Mailing Address 5200 BLUE LAGOON DRIVE SUITE 250 MIAMI FL 33126-7000 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/13/1991	3a. Date of Last Report 04/02/1996
4. FEI Number 65-0320146	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent FINE, JEFFREY M. ESQ 5200 BLUE LAGOON DRIVE SUITE 250 MIAMI FL 33126	
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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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DST <input type="checkbox"/> DELETE
NAME	FINE, JEFFREY M
STREET ADDRESS	5200 BLUE LAGOON DRIVE
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LEVINSON, MELVIN
STREET ADDRESS	5200 BLUE LAGOON DRIVE
CITY-ST-ZIP	MIAMI FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	KUGLER, MARK
STREET ADDRESS	5200 BLUE LAGOON DRIVE
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	POSTERNACK, CHARLES
STREET ADDRESS	5200 BLUE LAGOON DRIVE
CITY-ST-ZIP	MIAMI FL
TITLE	V <input type="checkbox"/> DELETE
NAME	ROSNER, ARNOLD
STREET ADDRESS	5200 BLUE LAGOON DRIVE
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CHIEF EXECUTIVE OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BURKHART, KENNETH MD
1.3 STREET ADDRESS	5200 BLUE LAGOON DRIVE, SUITE 250
1.4 CITY-ST-ZIP	MIAMI FL 33126
2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CAVANAGH, MICHAEL T. MD
2.3 STREET ADDRESS	5200 BLUE LAGOON DRIVE, SUITE 250
2.4 CITY-ST-ZIP	MIAMI FL 33126
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

CR2E034 (9/96)