

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94314

Entity Name: HEALTHNET SERVICES, INC.**Current Principal Place of Business:**1414 KUHL AVE MP2
ORLANDO, FL 32806**Current Mailing Address:**1414 KUHL AVE MP2
ORLANDO, FL 32806 US**FEI Number:** 59-2246203**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZIKA, RYAN
1414 KUHL AVE
MP#2
ORLANDO, FL 32806 US*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:** RYAN ZIKA

03/27/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY, TREASURER, DIRECTOR
Name	MILLER, JOHN
Address	1414 KUHL AVE MP2
City-State-Zip:	ORLANDO FL 32806

Title	CHAIRMAN, DIRECTOR
Name	SPONG, BERNADETTE
Address	1414 KUHL AVE MP 2
City-State-Zip:	ORLANDO FL 32806

Title	DIRECTOR
Name	HAKIM, JAMAL MD
Address	1414 KUHL AVE MP2
City-State-Zip:	ORLANDO FL 32806

Title	DIRECTOR
Name	JONES, MARK
Address	1414 KUHL AVE MP2
City-State-Zip:	ORLANDO FL 32806

Title	DIRECTOR
Name	OHE, GREG
Address	1414 KUHL AVE MP 2
City-State-Zip:	ORLANDO FL 32806

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BERNADETTE SPONG**DIRECTOR**

03/27/2020

Electronic Signature of Signing Officer/Director Detail

Date