

2023 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
207 W. GORE ST., SUITE 201
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

04/12/2023

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: GREG OHE**DIRECTOR**

04/12/2023

Electronic Signature of Signing Officer/Director Detail

Date