FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

HEALTH NETWORK AMERICA, INC. Principal Place of Business Maining Address					
87 MONMOUTH I		187 MONMOUTH PKW	ury		
VEST LONG BRAI		WEST LONG BRANCH			
				3. Date Incorporated or Qualified	3a. Date of Last Report
Principal Place	of Business	2a. Mailing Address		12/04/1995 4. FET Number	Applied For
Cuita Ant H of		[26]	· · · · · · · · · · · · · · · · · · ·	22-3120199	Not Applica
Suite, Apt. #, et	ic.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & State		Orty & State		6. Election Campaign Financing	\$5.00 мау Ве
	Country	[28]	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
	25	29	30]	Florida Statutes 🔲 🔾	is 🙀 No
9	. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New	Registered Agent
FLORIDA INS	SURANCE COMMISSIONER			ress (P.O. Box Number is Not Accept	ablai
CAPITOL BL				reas trio triox (dominer is not Modelite	· · · · · · · · · · · · · · · · · · ·
TALLAHASSI	EE FL 32399-0300		83		
			84 City		85 Zip Code
Pursuant to the	e provisions of Sections 607.050)? and 607.1508, Florida Stati	utes, the above named corpor	ration submits this statement for the pr	surpose of changing its registered o
Pursuant to the or registered a familiar with, a	e provisions of Sections 607.050 gent, or both, in the State of Flor nd accept the obligations of, Sec	02 and 607,1508, Florida Statu rida, Such change was author ction 607,0505, Florida Statuti	utes, the above named corporation's bonies.	ration submits this statement for the part of directors. Thereby accept the ap	urpose of changing its registered o pointment as registered agent. Lan
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