

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005877

1. Entity Name
HEALTH NETWORK AMERICA, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90103 014 ***150.00

Principal Place of Business 187 MONMOUTH PKWY LONG BRANCH NJ 07764	Mailing Address 187 MONMOUTH PKWY WEST LONG BRANCH NJ 07764-1019
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number 22-3120199	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32399-0300

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: FL Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KARDOS, STEPHEN A 187 MONMOUTH PKWY WEST LONG BRANCH NJ 07764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOODHUE, REBECCA 187 MONMOUTH PKWY WEST LONG BRANCH NJ 07764 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Remove</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOPERSTEIN, ROSEMARY 187 MONMOUTH PKWY WEST LONG BRANCH NJ 07764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DAVID MARTIN</i> <i>187 MONMOUTH PKWY</i> <i>WEST LONG BRANCH NJ 07764</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosemary Cooperstein ED Rosemary Cooperstein 2/10/00 (732) 222-2229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)