

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
 02-26-2002 90024 045 ***150.00

0574373 AT

DOCUMENT # F95000005877
 1. Entity Name
HEALTH NETWORK AMERICA, INC.

Principal Place of Business Mailing Address
187 MONMOUTH PKWY **187 MONMOUTH PKWY**
WEST LONG BRANCH NJ 07764 **WEST LONG BRANCH NJ 07764**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FLORIDA INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32399-0300

4. FEI Number **22-3120199** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE	C <input type="checkbox"/> Delete
NAME	KARDOS, STEPHEN A
STREET ADDRESS	187 MONMOUTH PKWY
CITY-ST-ZIP	WEST LONG BRANCH NJ 07764
TITLE	V <input type="checkbox"/> Delete
NAME	MARTINI, DAVID
STREET ADDRESS	187 MONMOUTH PKWY
CITY-ST-ZIP	WEST LONG BRANCH NJ 07764
TITLE	S <input type="checkbox"/> Delete
NAME	COOPERSTEIN, ROSEMARY
STREET ADDRESS	187 MONMOUTH PKWY
CITY-ST-ZIP	WEST LONG BRANCH NJ 07764
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: David Martin 2/7/02 (732) 222-2229
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)