

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000005877**

1. Entity Name  
HEALTH NETWORK AMERICA, INC.



Principal Place of Business  
246 INDUSTRIAL WAY WEST  
EATONTOWN, NJ 07724

Mailing Address  
246 INDUSTRIAL WAS WEST  
EATONTOWN, NJ 07724



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
22-3120199

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MUNROE, W. BRADLEY  
239 E. VIRGINIA ST.  
TALLAHASSEE, FL 32301-0000

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

1000000396038

01/27/06-80017-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE C  
NAME KARDOS, STEPHEN A  
STREET ADDRESS 246 INDUSTRIAL WAY WEST  
CITY-ST-ZIP EATONTOWN, NJ 07724

TITLE V  
NAME MARTINI, DAVID  
STREET ADDRESS 246 INDUSTRIAL WAY WEST  
CITY-ST-ZIP EATONTOWN, NJ 07724

TITLE S  
NAME COOPERSTEIN, ROSEMARY  
STREET ADDRESS 246 INDUSTRIAL WAY WEST  
CITY-ST-ZIP EATONTOWN, NJ 07724

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David M. Martini  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2006 (732) 676-2630  
Date Daytime Phone #