

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005877

FILED
Apr 20, 2011
Secretary of State

Entity Name: HEALTH NETWORK AMERICA, INC.

Current Principal Place of Business:

745 HOPE RD.
TINTON FALLS, NJ 07724

New Principal Place of Business:

Current Mailing Address:

745 HOPE RD.
TINTON FALLS, NJ 07724

New Mailing Address:

FEI Number: 22-3120199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNROE, W. BRADLEY
239 E. VIRGINIA ST.
TALLAHASSEE, FL 323010000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: POWERS, DONALD A
Address: 745 HOPE ROAD
City-St-Zip: TINTON FALLS, NJ 07724

Title: AS
Name: BOIVIN, DANIEL
Address: 745 HOPE ROAD
City-St-Zip: TINTON FALLS, NJ 07724

Title: D
Name: WAXMAN, ALBERT
Address: 745 HOPE ROAD
City-St-Zip: TINTON FALLS, NJ 07724

Title: T D
Name: KRUPA, STEPHEN
Address: 745 HOPE ROAD
City-St-Zip: TINTON FALLS, NJ 07724

Title: D
Name: WATSON, MARTIN
Address: 745 HOPE ROAD
City-St-Zip: TINTON FALLS, NJ 07724

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: DONALD A. POWERS

PRES

04/20/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date