

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90180 033 ***150.00

DOCUMENT # F95000005877



1. Entity Name
HEALTH NETWORK AMERICA, INC.

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

Mailing Address
**187 MONMOUTH PKWY
WEST LONG BRANCH NJ 07764**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3120199**

Applied For
 Not Applicable

Zip Country

Zip Country

Country

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

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosemary Cooperstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)