

F950 0000 5877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

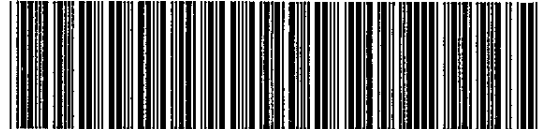
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900021695079

F95000005877

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Health Network America, Inc.
(Name of corporation)

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Martini
(Name of person)

Health Network America, Inc.
(Name of firm/company)

246 Industrial Way West
(Address)

Eatontown, NJ 07724
(City/state and zip code)

For further information concerning this matter, please call:

David Martini at (732) 676-2630
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

03 JUN 25 PM 4: 49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*no change -
Financial officer should
not have ever been
R.A.*

F95-5877

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Health Network America, Inc
- 2. The principal office address: 187 Monmouth Parkway W. Long Branch, NJ 07644
after 7/9/03 246 Industrial Highway Eatontown, NJ 07724
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: _____ Document number: _____
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Florida State Department of Insurance

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

W. Bradley Munroe, Esquire

239 E. Virginia Street

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

FILED
03 JUL 29 PM 4:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

David Martini
(Signature of an officer, chairman or vice chairman of the board)

David Martini Secretary
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

W. Bradley Munroe
(Signature of Registered Agent)

07-16-03
(Date)

If signing on behalf of an entity:

W. Bradley Munroe, Esquire
(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***