

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009328

FILED  
Mar 03, 2011  
Secretary of State

**Entity Name:** HEALTH CHOICE NETWORK, INC.

**Current Principal Place of Business:**

9064 N.W. 13TH TERRACE  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

9064 N.W. 13TH TERRACE  
DORAL, FL 33172

**New Mailing Address:**

FEI Number: 90-0525658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: D  
Name: HARTLEY, JR., BRODES H COL.  
Address: 9064 N.W. 13TH TERRACE  
City-St-Zip: DORAL, FL 33172

Title: D  
Name: RODDY, DAVID  
Address: 9064 N.W. 13TH TERRACE  
City-St-Zip: DORAL, FL 33172

Title: D  
Name: KEARNS, KEVIN  
Address: 9064 N.W. 13TH TERRACE  
City-St-Zip: DORAL, FL 33172

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN KEARNS

D

03/03/2011

Electronic Signature of Signing Officer or Director

Date