2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000098886

1. Entity Name
HEALTH NETWORK ONE, INC.

Principal Place of Business	Mailing Address
1505 NW 167 STREET SUITE 450 MIAMI, FL 33169	1505 NW 167 STREET SUITE 450 MIAMI, FL 33169

01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1054696
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BILOWICH, MARTIN
1505 NW 167 STREET
SUITE 450
MIAMI, FL 33169

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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, 2004 Fee will be $550.00

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

000000128430
04/26/04-80037-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BILOWICH, MARTIN
STREET ADDRESS	1505 NW 167 STREET SUITE 450
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	VDT
NAME	KEARNEY, KRISTIN
STREET ADDRESS	1505 NW 167 STREET, SUITE 450
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	VDS
NAME	WILHELM, CHARLES M.D.
STREET ADDRESS	1505 NW 167 STREET, SUITE 450
CITY-ST-ZIP	MIAMI, FL 33169
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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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: X Martin Bilowich MARTIN BILOWICH X 3/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #