2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# P00000098886

Entity Name: HEALTH NETWORK ONE, INC.

Current Principal Place of Business:

801 E. HALLANDALE BEACH BLVD
SUITE 200
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

801 E. HALLANDALE BEACH BLVD
SUITE 200
HALLANDALE, FL 33009 US

New Mailing Address:

FEI Number: 65-1054696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BILOWICH, MARTIN
801 E. HALLANDALE BEACH BLVD
SUITE 200
HALLANDALE, FL 33009 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: PD
Name: BILOWICH, MARTIN
Address: 801 E. HALLANDALE BEACH BLVD, SUITE 200
City-St-Zip: HALLANDALE, FL 33009 US

Title: VDT
Name: KEARNEY, KRISTIN
Address: 801 E. HALLANDALE BEACH BLVD, SUITE 200
City-St-Zip: HALLANDALE, FL 33009 US

Title: VDS
Name: WILHELM, CHARLES M.D.
Address: 801 E. HALLANDALE BEACH BLVD, SUITE 200
City-St-Zip: HALLANDALE, FL 33009 US

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: MARTIN BILOWICH PD 04/21/2011

Electronic Signature of Signing Officer or Director Date