

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90110 029 ***150.00

0289931 AV

DOCUMENT # P00000098886

1. Entity Name
HEALTH NETWORK ONE, INC.



Principal Place of Business
**1505 NW 167 STREET
SUITE 450
MIAMI FL 33169**

Mailing Address
**1505 NW 167 STREET
SUITE 450
MIAMI FL 33169**

11028472



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**RODRIGUEZ, ALBERTO A
1505 NW 167 STREET
SUITE 450
MIAMI FL 33169**

7. Name and Address of New Registered Agent
Name **MARTIN BILOWICH**
Street Address (P.O. Box Number is Not Acceptable)
**1505 N.W. 167 STREET
SUITE 450**
City **MIAMI** FL Zip Code **33169**

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 *Martin Bilowich* **Martin Bilowich** DATE **4.24.03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BILOWICH, MARTIN 1505 NW 167 STREET SUITE 450 MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DALBERY, DEAN 1505 NW 167 STREET SUITE 450 MIAMI FL 33169	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT KEARNEY, KRISTIN 1505 NW 167 STREET, SUITE 450 MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILHELM, CHARLES M.D. 1505 NW 167 STREET, SUITE 450 MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS WILHELM, CHARLES, MD 1505 N.W. 167 STREET SUITE 450 MIAMI FL 33169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Martin Bilowich* **Martin Bilowich** DATE **4.24.03** DAYTIME PHONE # **305-614-0100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/02)