

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000071460

**FILED**  
**Feb 12, 2014**  
**Secretary of State**

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

**Current Principal Place of Business:**

ATTN: MATTHEW MOISAN, ESQ  
90 MERRICK AVENUE, 9TH FLOOR  
EAST MEADOW, NY 11554

**New Principal Place of Business:**

5106 VERNON BLVD.  
SUITE 201  
LONG ISLAND CITY, NY 11101

**Current Mailing Address:**

ATTN: MATTHEW MOISAN, ESQ  
90 MERRICK AVENUE, 9TH FLOOR  
EAST MEADOW, NY 11554

**New Mailing Address:**

5106 VERNON BLVD.  
SUITE 201  
LONG ISLAND CITY, NY 11101

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

UNITED CORPORATE SERVICES, INC.  
9200 S DADELAND BLVD SUITE 508  
MIAMI, FL 33156      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: MICHAEL A. BARR, PRESIDENT

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SHAPIRO, ALEX  
Address: 20 OSHEA LN  
City-St-Zip: SUMMIT, NJ 07901

Title: VP  
Name: BUDKER, STEVEN  
Address: 3120 S. OCEAN BLVD., UNIT 1-202  
City-St-Zip: PALM BEACH, FL 33480

Title: SECY  
Name: BUDKER, STEVEN  
Address: 3120 S. OCEAN BLVD., UNIT 1-202  
City-St-Zip: PALM BEACH, FL 33480

Title: TREA  
Name: BUDKER, STEVEN  
Address: 3120 S. OCEAN BLVD., UNIT 1-202  
City-St-Zip: PALM BEACH, FL 33480

Title: DIR  
Name: SHAPIRO, ALEX  
Address: 20 OSHEA LN  
City-St-Zip: SUMMIT, NJ 07901

Title: DIR  
Name: BUDKER, STEVEN  
Address: 3120 S. OCEAN BLVD., UNIT 1-202  
City-St-Zip: PALM BEACH, FL 33480

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: ALEX SHAPIRO

PRES

02/12/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date