## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N0900009328

Entity Name: HEALTH CHOICE NETWORK, INC.

## **Current Principal Place of Business:**

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

# **Current Mailing Address:**

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

## FEI Number: 90-0525658

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

Date

Certificate of Status Desired: No

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

# **Officer/Director Detail :**

Title	CHAIRMAN	Title	VC
Name	HARTLEY, JR., BRODES HCOL.	Name	MONTANO, SEFERINO
Address	9064 N.W. 13TH TERRACE	Address	9064 N.W. 13TH TERRACE
City-State-Zip:	DORAL FL 33172	City-State-Zip:	DORAL FL 33172
Title	PRESIDENT	Title	TREASURER
Name	KEARNS, KEVIN	Name	KRUSE, DENNIS
Address	9064 N.W. 13TH TERRACE	Address	9064 NW 13TH TERRACE
City-State-Zip:	DORAL FL 33172	City-State-Zip:	DORAL FL 33172
Title	SECRETARY		
Name	FRAZIER, ROSALYN		
Address	9064 NW 13TH TERRACE		
City-State-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

CEO

Electronic Signature of Signing Officer/Director Detail

Date