

2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P12000071460

Entity Name: HEALTH PROVIDER NETWORK, INC.**Current Principal Place of Business:**3120 S OCEAN BLVD
UNIT 1-202
PALM BEACH , FL 33480**Current Mailing Address:**3120 S OCEAN BLVD
UNIT 1-202
PALM BEACH , FL 33480 US**FEI Number:** 46-0922301**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BUDKER , STEVEN
3700 S OCEAN BLVD
BOCA RATON , FL 33487 US*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:** STEVEN BUDKER

12/04/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	BUDKER, STEVEN
Address	3120 S OCEAN BLVD UNIT 1-202
City-State-Zip:	PALM BEACH FL 33487

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

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

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

Title	DIR
Name	BUDKER, STEVEN
Address	3120 S. OCEAN BLVD., UNIT 1-202
City-State-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: STEVEN BUDKER**PRESIDENT**

12/04/2020

Electronic Signature of Signing Officer/Director Detail

Date