

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000071460

Entity Name: HEALTH PROVIDER NETWORK, INC.**Current Principal Place of Business:**5106 VERNON BLVD.
SUITE 201
LONG ISLAND CITY, NY 11101**Current Mailing Address:**5106 VERNON BLVD.
SUITE 201
LONG ISLAND CITY, NY 11101**FEI Number:** 46-0922301**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**UNITED CORPORATE SERVICES, INC.
9200 S DADELAND BLVD SUITE 508
MIAMI, FL 33156 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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 SHAPIRO, ALEX
Address 20 OSHEA LN
City-State-Zip: SUMMIT NJ 07901

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**SECRETARY****01/13/2018**

Electronic Signature of Signing Officer/Director Detail

Date