

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005877

Entity Name: HEALTH NETWORK AMERICA, INC.**Current Principal Place of Business:**745 HOPE RD.
TINTON FALLS, NJ 07724**Current Mailing Address:**745 HOPE RD.
TINTON FALLS, NJ 07724**FEI Number:** 22-3120199**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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 P
Name POWERS, DONALD A
Address 745 HOPE ROAD
City-State-Zip: TINTON FALLS NJ 07724

Title AS
Name BOIVIN, DANIEL
Address 745 HOPE ROAD
City-State-Zip: TINTON FALLS NJ 07724

Title D
Name WAXMAN, ALBERT
Address 745 HOPE ROAD
City-State-Zip: TINTON FALLS NJ 07724

Title T D
Name KRUPA, STEPHEN
Address 745 HOPE ROAD
City-State-Zip: TINTON FALLS NJ 07724

Title D
Name WATSON, MARTIN
Address 745 HOPE ROAD
City-State-Zip: TINTON FALLS NJ 07724

Title D
Name KIM, ERIC
Address 745 HOPE ROAD
City-State-Zip: TINTON FALLS NJ 07724

Title DIRECTOR
Name ETHERIDGE, MATTHEW
Address 745 HOPE RD.
City-State-Zip: TINTON FALLS NJ 07724

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: DONALD A. POWERS**PRESIDENT****04/10/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date