2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005877

Entity Name: HEALTH NETWORK AMERICA, INC.

Current Principal Place of Business:

12 CHRISTOPHER WAY,
 SUITE 104
EATONTOWN, NJ 07724

Current Mailing Address:

12 CHRISTOPHER WAY,
 SUITE 104
EATONTOWN, NJ 07724 US

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	D		Title	AS
Name	KIM, ERIC		Name	BOIVIN, DANIEL
Address	12 CHRISTOPHER WAY, SUITE 104		Address	12 CHRISTOPHER WAY, SUITE 104
City-State-Zip:	EATONTOWN NJ 07724		City-State-Zip:	EATONTOWN NJ 07724
Title	T		Title	PD
Name	MACIAS, JACQUELINE		Name	WATSON, MARTIN
Address	12 CHRISTOPHER WAY, SUITE 104		Address	12 CHRISTOPHER WAY, SUITE 104
City-State-Zip:	EATONTOWN NJ 07724		City-State-Zip:	EATONTOWN NJ 07724
Title	SD		Title	D
Name	KRUPA, STEPHEN		Name	WAXMAN, ALBERT
Address	12 CHRISTOPHER WAY, SUITE 104		Address	12 CHRISTOPHER WAY, SUITE 104
City-State-Zip:	EATONTOWN NJ 07724		City-State-Zip:	EATONTOWN NJ 07724

Title	D
Name	ETHERIDGE, MATTHEW
Address	12 CHRISTOPHER WAY SUITE 104
City-State-Zip:	EATONTOWN 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: DANIEL J. BOIVIN   ASSISTANT SECRETARY   04/28/2014

Electronic Signature of Signing Officer/Director Detail   Date