

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004082

FILED  
Jan 29, 2008  
Secretary of State

Entity Name: COMPUTER HEALTH NETWORK, INC.

## Current Principal Place of Business:

1721 MOON LAKE BOULEVARD, SUITE 500  
HOFFMAN ESTATES, IL 60194

## New Principal Place of Business:

3191 CORAL WAY  
SUITE 639  
MIAMI, FL 33145

## Current Mailing Address:

1721 MOON LAKE BOULEVARD, SUITE 500  
HOFFMAN ESTATES, IL 60194

## New Mailing Address:

2850 W GOLF ROAD, SUITE 1000  
ROLLING MEADOWS, IL 60008

FEI Number: 36-3973779

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KUNSTMANN, MARIAM  
3191 CORAL WAY, SUITE 600  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

JIMENEZ, GLADYS  
3191 CORAL WAY,  
SUITE 639  
MIAMI, FL 33145 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: GLADYS JIMENEZ

01/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: POULOS, MICHAEL  
Address: 1721 MOON LAKE BOULEVARD, SUITE 500  
City-St-Zip: HOFFMAN ESTATES, IL 60194

Title: D ( ) Delete  
Name: FASSBINDER, THOMAS  
Address: 1721 MOON LAKE BOULEVARD, SUITE 500  
City-St-Zip: HOFFMAN ESTATES, IL 60194

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: POULOS, MICHAEL  
Address: 2850 W GOLF ROAD, SUITE 1000  
City-St-Zip: ROLLING MEADOWS, IL 60008

Title: D (X) Change ( ) Addition  
Name: FASSBINDER, THOMAS  
Address: 2850 W GOLF ROAD, SUITE 1000  
City-St-Zip: ROLLING MEADOWS, IL 60008

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL J POULOS

CEO

01/29/2008

Electronic Signature of Signing Officer or Director

Date