

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004082

FILED  
Apr 09, 2010  
Secretary of State

**Entity Name:** COMPUTER HEALTH NETWORK, INC.

**Current Principal Place of Business:**

3191 CORAL WAY  
SUITE 639  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 36-3973779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** POULOS, MICHAEL  
**Address:** 2850 W GOLF ROAD, SUITE 1000  
**City-St-Zip:** ROLLING MEADOWS, IL 60008

**Title:** D  
**Name:** FASSBINDER, THOMAS  
**Address:** 2850 W GOLF ROAD, SUITE 1000  
**City-St-Zip:** ROLLING MEADOWS, IL 60008

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:** MICHAEL J POULOS

PSTD

04/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date