

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F95000005877 (4)**

1. Corporation Name

**HEALTH NETWORK AMERICA, INC.**



Principal Place of Business

**187 MONMOUTH PKWY  
WEST LONG BRANCH NJ 07764**

Mailing Address

**187 MONMOUTH PKWY  
WEST LONG BRANCH NJ 07764**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER  
CAPITOL BLDG  
TALLAHASSEE FL 32399-0300**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**12/04/1995**

3a. Date of Last Report

4. FET Number

**22-3120199**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (Typed or Printed Name of Registered Agent) (Typed or Printed Name of Registered Agent)

(Typed or Printed Name of Registered Agent) (Typed or Printed Name of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
C	KARDOS, STEPHEN A	187 MONMOUTH PKWY	WEST LONG BRANCH NJ 07764	<input type="checkbox"/>
P	FRESOLONE, VICTOR J	187 MONMOUTH PKWY	WEST LONG BRANCH NJ 07764	<input checked="" type="checkbox"/>
V	GOODHUE, REBECCA	187 MONMOUTH PKWY	WEST LONG BRANCH NJ 07764	<input type="checkbox"/>
S	COOPERSTEIN, ROSEMARY	187 MONMOUTH PKWY	WEST LONG BRANCH NJ 07764	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
1	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	22 NAME	23 STREET ADDRESS	24 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	42 NAME	43 STREET ADDRESS	44 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	52 NAME	53 STREET ADDRESS	54 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	62 NAME	63 STREET ADDRESS	64 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or an attachment with an address.

SIGNATURE:

*Stephen A Kardos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

908-222-2229  
Dialing Prefix

CR2E034 (12/95)