

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005877

FILED
Apr 21, 2009
Secretary of State

Entity Name: HEALTH NETWORK AMERICA, INC.

Current Principal Place of Business:

246 INDUSTRIAL WAY WEST
EATONTOWN, NJ 07724

New Principal Place of Business:

Current Mailing Address:

246 INDUSTRIAL WAY WEST
EATONTOWN, NJ 07724

New Mailing Address:

FEI Number: 22-3120199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNROE, W. BRADLEY
239 E. VIRGINIA ST.
TALLAHASSEE, FL 323010000 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: CMOD () Delete
Name: KARDOS, STEPHEN A
Address: 246 INDUSTRIAL WAY WEST
City-St-Zip: EATONTOWN, NJ 07724

Title: AS () Delete
Name: MARTINI, DAVID
Address: 246 INDUSTRIAL WAY WEST
City-St-Zip: EATONTOWN, NJ 07724

Title: D () Delete
Name: WAXMAN, ALBERT
Address: 246 INDUSTRIAL WAY WEST
City-St-Zip: EATONTOWN, NJ 07724

Title: T D () Delete
Name: KRUPA, STEPHEN
Address: 246 INDUSTRIAL WAY WEST
City-St-Zip: EATONTOWN, NJ 07724

Title: P () Delete
Name: MCDONALD, JOHN
Address: 246 INDUSTRIAL WAY WEST
City-St-Zip: EATONTOWN, NJ 07724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN MCDONALD

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date