

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

158.75

DOCUMENT # F97000001729

1. Entity Name  
INTEGRATED HEALTH NETWORK, INC.



FILED  
07 APR 11 PM 2:25  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O MEDICAL RESOURCES, INC  
1455 BROAD ST., 4TH LEGAL DEPT  
BLOOMFIELD, NJ 07003

Mailing Address  
C/O MEDICAL RESOURCES, INC  
1455 BROAD ST., 4TH LEGAL DEPT  
BLOOMFIELD, NJ 07003



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number  
22-3316148

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

DO NOT WRITE  
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STRICKLAND, D. GORDON
STREET ADDRESS	1455 BROAD ST., 4TH FLOOR
CITY-ST-ZIP	BLOOMFIELD, NJ 07003
TITLE	T
NAME	MCCABE, DAVID M
STREET ADDRESS	1455 BROAD ST., 4TH FLOOR
CITY-ST-ZIP	BLOOMFIELD, NJ 07003
TITLE	VD
NAME	VALLA, JOHN
STREET ADDRESS	1455 BROAD ST., 4TH FLOOR
CITY-ST-ZIP	BLOOMFIELD, NJ 07003
TITLE	S
NAME	CASKADON, MARY
STREET ADDRESS	1455 BROAD ST., 4TH FLOOR
CITY-ST-ZIP	BLOOMFIELD, NJ 07003
TITLE	AS
NAME	SHENKMAN, JERROLD
STREET ADDRESS	1455 BROAD ST., 4TH FLOOR
CITY-ST-ZIP	BLOOMFIELD, NJ 07003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John Valla*

John Valla 4-9-07 941-744-1539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #