2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000001729

1. Entity Name

INTEGRATED HEALTH NETWORK, INC.



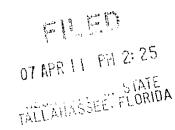
Principal Place of Business

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

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Mailing Address

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





04022007

No Chq-P

CR2E034 (11/05)

4. FEI Number 22-3316148

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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					en e	# *** ** ** **
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or re	gistered agent, or bo	oth, in the State of Florida.	I am familiar with, and accept
SIGNATURE_						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				d Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution		ncing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS	13. E		to the second	m Siller II
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRICKLAND, D. GORDON 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003				00098563	
TITLE NAME STREET ADDRESS CITY-ST-ZiP	T MCCABE, DAVID M 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003				/070102200	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALLA, JOHN 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003			DO	NOT WR	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHENKMAN, JERROLD 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003		Tangestang a Panggarang Sanggarang Sanggarang	Servaga AB MASSA Lagranda AB M		and what the first state of the
TITLE NAME				8 B	***	

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

John Valla 4-9-07 941-744-15