

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000001729

1. Entity Name
INTEGRATED HEALTH NETWORK, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB -1 AM 9:04

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162008

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS STRICKLAND, D. GORDON
CITY-ST-ZIP 1455 BROAD ST., 4TH FLOOR
BLOOMFIELD, NJ 07003 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300117639083
02/11/08--01005--007 **2351.25

TITLE
NAME T
STREET ADDRESS MCCABE, DAVID M
CITY-ST-ZIP 1455 BROAD ST., 4TH FLOOR
BLOOMFIELD, NJ 07003 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME VD
STREET ADDRESS VALLA, JOHN
CITY-ST-ZIP 1455 BROAD ST., 4TH FLOOR
BLOOMFIELD, NJ 07003 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME S
STREET ADDRESS CASKADON, MARY
CITY-ST-ZIP 1455 BROAD ST., 4TH FLOOR
BLOOMFIELD, NJ 07003 ☒ Delete

TITLE
NAME 5
STREET ADDRESS ROSENSTEEL, CAROL
CITY-ST-ZIP 1455 BROAD ST., 4TH FL.
BLOOMFIELD, NJ 07003 ☐ Change ☒ Addition

TITLE
NAME AS
STREET ADDRESS SHENKMAN, JERROLD
CITY-ST-ZIP 1455 BROAD ST., 4TH FLOOR
BLOOMFIELD, NJ 07003 ☒ Delete

TITLE
NAME AS
STREET ADDRESS CODD, JOHN M.
CITY-ST-ZIP 1455 BROAD ST., 4TH FL.
BLOOMFIELD, NJ 07003 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
B 2/1/06

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Valla

Date

1/17/08

Daytime Phone #

973-873-9898