

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91087 002 ***158.75

DOCUMENT # F97000001729

1. Entity Name
INTEGRATED HEALTH NETWORK, INC.



Principal Place of Business
**C/O MEDICAL RESOURCES, INC.
449-10TH AVENUE WEST
PALMETTO, FL 34221**

Mailing Address
**C/O MEDIACL RESOURCES, INC.
125 STATE STREET
HACKENSACK, NJ 07601**

2. Principal Place of Business
125 State Street

Suite, Apt. #, etc.
Suite 200

City & State
Hackensack, NJ

Zip
07601

Country

3. Mailing Address
125 State Street

Suite, Apt. #, etc.
Suite 200, Legal Dept

City & State
Hackensack, NJ

Zip
07601

Country



CHECK HERE IF MAKING CHANGES

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**

7. Name and Address of New Registered Agent

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's signature required when resigning)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOYCE, CHRISTOPHER J <input type="checkbox"/> Delete C/O MEDIACL RESOURCES, INC. 125 STATE ST. HACKENSACK, NJ 07601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCABE, DAVID M <input type="checkbox"/> Delete C/O MEDIACL RESOURCES, INC. 125 STATE ST. HACKENSACK, NJ 07601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALLA, JOHN <input type="checkbox"/> Delete C/O MEDIACL RESOURCES, INC. 125 STATE ST. HACKENSACK, NJ 07601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASKADON, MARY <input checked="" type="checkbox"/> Delete C/O MEDIACL RESOURCES, INC. 125 STATE ST. HACKENSACK, NJ 07601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mary Caskadon 125 State Street, Suite 200, Legal Dept Hackensack, NJ 07601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lynn A. Adams 125 State Street, Suite 200, Legal Dept Hackensack, NJ 07601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CH2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
Christopher J. Joyce

941-794-5447
Dayside Phone #