

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068728

FILED
Aug 19, 2005
Secretary of State

Entity Name: HEALTH ONE NETWORK, LLC

Current Principal Place of Business:

3200 PORT ROYALE DRIVE NORTH #811
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

3200 PORT ROYALE DRIVE NORTH #811
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 20-1713030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LINDIE, BETH G ESQ
ESLER & LINDIE, P.A.
315 S.E. 7TH STREET, STE. 300
FORT LAUDERDALE, FL 33301 US

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THOMAS, ANDREW LEE
Address: 3200 PORT ROYALE DRIVE NORTH #811
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANDREW LEE THOMAS

MGR

08/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date