

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007742

FILED
Jul 19, 2005
Secretary of State

Entity Name: HEALTH CARE SOLUTIONS NETWORK, INC.

Current Principal Place of Business:

9245 S.W. 158 LANE
SUITE 301
MIAMI, FL 33157

New Principal Place of Business:

19355 S DIXIE HWY
MIAMI, FL 33157

Current Mailing Address:

9245 S.W. 158 LANE
SUITE 301
MIAMI, FL 33157

New Mailing Address:

19355 S DIXIE HWY
MIAMI, FL 33157

FEI Number: 65-1148836 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ARMANDO GONZALEZ
9245 S.W. 158 LANE
SUITE 301
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

ARMANDO GONZALEZ
19355 S DIXIE HWY
MIAMI, FL 33157 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:

07/19/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GONZALEZ, ARMANDO
Address: 16137 154 COURT
City-St-Zip: MIAMI, FL 33187

Title: D () Delete
Name: CORRADINO, DARREL
Address: 8885 S.W. 196 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: LAYMAN, TOM
Address: 11460 SW 131 ST
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO GONZALEZ

PD

07/19/2005

Electronic Signature of Signing Officer or Director

Date