

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007742

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** HEALTH CARE SOLUTIONS NETWORK, INC.

**Current Principal Place of Business:**

19355 S DIXIE HWY  
MIAMI, FL 33157

**New Principal Place of Business:**

19355 S DIXIE HWY  
UNIT. 18  
MIAMI, FL 33157

**Current Mailing Address:**

19355 S DIXIE HWY  
MIAMI, FL 33157

**New Mailing Address:**

FEI Number: 65-1148836      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARMANDO GONZALEZ  
19355 S DIXIE HWY  
MIAMI, FL 33157      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GONZALEZ, ARMANDO  
Address: 16137 SW 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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GONZALEZ, ARMANDO  
Address: 18785 SW 78TH CT  
City-St-Zip: CUTLER BAY, FL 33157

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date