

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90243 039 \*\*\*\*\*61.25

**DOCUMENT # NO1000007742**

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



Principal Place of Business  
**9680 CORAL WAY  
MIAMI FL 33165**

Mailing Address  
**9680 CORAL WAY  
MIAMI FL 33165**

**11017111**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**13200 S.W. 128 St.  
F-4**

3. Mailing Address

**13200 S.W. 128 St.  
F-4**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number **65-1148836**

Applied For

Not Applicable

Zip **33186**

Country **USA**

Zip **33186**

Country **USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS  
103 N MERIDIAN ST, LOWER LEVEL  
TALLAHASSEE FL 32314**

7. Name and Address of New Registered Agent

Name **Armando Gonzalez**  
Street Address (P.O. Box Number is Not Acceptable)

**13200 S.W. 128 St. F-4  
MIAMI, FL 33186**

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 **Armando Gonzalez**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/30/03**  
DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **GONZALEZ, ARMANDO**  
STREET ADDRESS **9680 CORAL WAY**  
CITY - ST - ZIP **MIAMI FL 33165**

TITLE **D** ☐ Delete  
NAME **GORRADIO, DARREL**  
STREET ADDRESS **17430 SW 117 AVE**  
CITY - ST - ZIP **MIAMI FL 33177**

TITLE **D LAYMAN** ☐ Delete  
NAME **LORDAY, TOM**  
STREET ADDRESS **11460 SW 131 ST**  
CITY - ST - ZIP **MIAMI FL 33176**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 617, 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: **Armando Gonzalez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/03 (305) 278-0853**  
Date Phone #

CR2E037 (10/02)