

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05178

FILED
Apr 20, 2005
Secretary of State

Entity Name: HUMAN SERVICES NETWORK, INC.

Current Principal Place of Business:

5950 W OAKLAND PARK BLVD
#301
LAUDERHILL, FL 33313

New Principal Place of Business:

Current Mailing Address:

5950 W OAKLAND PARK BLVD
#301
LAUDERHILL, FL 33313

New Mailing Address:

FEI Number: 59-2450043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUDWELL, JOHN
2540 N.W. 80TH AVE.
MARGATE, FL 33063 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: SD () Delete
Name: GERONEMUS, DIANN
Address: 833 NW 81ST WAY
City-St-Zip: PLANTATION, FL 33324

Title: TD () Delete
Name: GUTHRIE, WILLIAM
Address: 1501 NW 49TH STREET, SUITE 200
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VC () Delete
Name: SACKS, HAROLD
Address: 2516 BLUE SAGE AVENUE
City-St-Zip: COCOMUT CREEK, FL 33063

Title: C () Delete
Name: CALABRIA, RICHARD
Address: 9801 NW 28TH PLACE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: GOREN, NATHAN
Address: 303 SE 17TH STREET, 6TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MD () Delete
Name: PUDWELL, JOHN
Address: 2450 NW 80TH AVENUE
City-St-Zip: MARGATE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: C (X) Change () Addition
Name: GUTHRIE, WILLIAM
Address: 1501 NW 49TH STREET, SUITE 200
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: TD (X) Change () Addition
Name: KAPLAN, MICHAEL
Address: 5100 W. COMMERCIAL BLVD
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: VC (X) Change () Addition
Name: ROBERTS, ROY
Address: 7651 NW 31ST STREET
City-St-Zip: HOLLYWOOD, FL 33024

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: JOHN PUDWELL

MD

04/20/2005

Electronic Signature of Signing Officer or Director

_____ Date