

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90190 021 \*\*\*150.00

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04192006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P00000098886</b> 1. Entity Name <b>HEALTH NETWORK ONE, INC.</b>					
Principal Place of Business <b>1505 NW 167 STREET SUITE 450 MIAMI, FL 33169</b>			Mailing Address <b>1505 NW 167 STREET SUITE 450 MIAMI, FL 33169</b>		
2. Principal Place of Business <b>801 E. HALLANDALE BEACH BLVD</b> Suite, Apt. #, etc. <b>200</b>		3. Mailing Address <b>801 E. HALLANDALE BEACH BLVD</b> Suite, Apt. #, etc. <b>200</b>		4. FEI Number <b>65-1054696</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State <b>HALLANDALE, FL</b> Zip <b>33009</b>		City & State <b>HALLANDALE, FL</b> Zip <b>33009</b>			
Country <b>U.S.</b>		Country <b>U.S.</b>			
6. Name and Address of Current Registered Agent  <b>BILOWICH, MARTIN 1505 NW 167 STREET SUITE 450 MIAMI, FL 33169</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>801 E. HALLANDALE BEACH BLVD.</b> <b>SUITE 200</b> City <b>HALLANDALE</b> <b>FL</b> Zip Code <b>33009</b>	
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 _____ <small>Signature, typed or printed name of registered agent and info if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BILOWICH, MARTIN 1505 NW 167 STREET SUITE 450 MIAMI, FL 33169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>801 E. HALLANDALE BEACH BLVD, SUITE 200 HALLANDALE, FL 33009</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT KEARNEY, KRISTIN 1505 NW 167 STREET, SUITE 450 MIAMI, FL 33169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>801 E. HALLANDALE BEACH BLVD, SUITE 200 HALLANDALE, FL 33009</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS WILHELM, CHARLES M.D. 1505 NW 167 STREET, SUITE 450 MIAMI, FL 33169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>801 E. HALLANDALE BEACH BLVD, SUITE 200 HALLANDALE, FL 33009</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: <u>Martin Bilowich</u> <b>MARTIN BILOWICH</b> 4/26/06 305/614-0101 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					