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

04-25-2003 90248 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/24/03

DOCUMENT # P01000116002

1. Entity Name

~~TECH SOLUTIONS NETWORK, INC.~~

HEALTH4UNOW, INC

11017381

Principal Place of Business	Mailing Address
2116 NW 107 AVENUE MIAMI, FL 33172	2116 NW 107 AVENUE MIAMI, FL 33172

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 2101 NW 84TH AVE		Suite, Apt. #, etc. 2101 NW 84TH AVE	
City & State MIAMI FLORIDA		City & State MIAMI FL ~~331~~	
Zip 33122	Country USA	Zip 33122	Country USA

4. FEI Number 65-1158588 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDREWS, ANDRE 2116 NW 107 AVENUE MIAMI, FL 33172	Name ANDREWS, ANDRE Street Address (P.O. Box Number Is Not Acceptable) 5512 NW 105 COURT City MIAMI FL Zip Code 33178

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 [signature] ANDRE A. ANDREWS 4-21-03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2003 Fee will be $550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 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	DPT ANDREWS, ANDRE 2116 NW 107 AVENUE MIAMI, FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ANDREWS ANDRE 5512 NW 105 COURT MIAMI FL 33178	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ANDREWS, CAROL 2116 NW 107 AVENUE MIAMI, FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ANDREWS CAROL 5512 NW 105 COURT MIAMI FL 33178	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 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: [signature] ANDRE ANDREWS PRES. 4-21-03 305-599-1584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #