

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009328

Entity Name: HEALTH CHOICE NETWORK, INC.

Current Principal Place of Business:

9064 N.W. 13TH TERRACE
DORAL, FL 33172

Current Mailing Address:

9064 N.W. 13TH TERRACE
DORAL, FL 33172

FEI Number: 90-0525658

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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

Officer/Director Detail :

Title CHAIRMAN
Name HARTLEY, JR., BRODES HCOL.
Address 9064 N.W. 13TH TERRACE
City-State-Zip: DORAL FL 33172

Title VC
Name MONTANO, SEFERINO
Address 9064 N.W. 13TH TERRACE
City-State-Zip: DORAL FL 33172

Title PRESIDENT
Name KEARNS, KEVIN
Address 9064 N.W. 13TH TERRACE
City-State-Zip: DORAL FL 33172

Title TREASURER
Name KRUSE, DENNIS
Address 9064 NW 13TH TERRACE
City-State-Zip: DORAL FL 33172

Title SECRETARY
Name FRAZIER, ROSALYN
Address 9064 NW 13TH TERRACE
City-State-Zip: DORAL FL 33172

I hereby 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 all other like empowered.

SIGNATURE: KEVIN S. KEARNS

PRESIDENT & CEO

03/25/2013

Electronic Signature of Signing Officer/Director Detail

Date