

**2014 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 KEARNS**

**CEO**

**03/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date