## **2023 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: Yes

Name and Address of Current Registered Agent:

ROMILLO, ALEJANDRO 9064 N.W. 13TH TERRACE DORAL, FL 33172 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: ALEJANDRO ROMILLO 04/18/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title VC Title CEO

THOMAS, MERRILL Name ROMILLO, ALEJANDRO Name 9064 N.W. 13TH TERRACE Address 9064 N.W. 13TH TERRACE Address

City-State-Zip: DORAL FL 33172 DORAL FL 33172 City-State-Zip:

Title **CHAIRMAN** Title **SECRETARY** 

Name FRAZIER, ROSALYN RICHARD, TAAFFE Name

Address 9064 N.W. 13TH TERRACE Address 9064 N.W. 13TH TERRACE

DORAL FL 33172 City-State-Zip: City-State-Zip: **DORAL FL 33172** 

Title **TREASURER** TRIPP, PAM Name

9064 N.W. 13TH TERRACE Address

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: ALEJANDRO ROMILLO

Electronic Signature of Signing Officer/Director Detail

CEO

04/18/2023 Date

**FILED** Apr 18, 2023

**Secretary of State** 

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