

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 21, 2014
Secretary of State
CC3625454105

Entity Name: HEALTH CHOICE NETWORK OF FLORIDA, INC.

Current Principal Place of Business:

9064 N.W. 13 TERRACE
DORAL, FL 33172

Current Mailing Address:

9064 N.W. 13 TERRACE
DORAL, FL 33172

FEI Number: 65-0504316

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MICHELLE FUNDORA

03/21/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C
Name HARTLEY, COL. BRODES JR
Address 10300 SW 216TH ST
City-State-Zip: MIAMI FL 33190

Title DTC
Name DAVIS, CALEB
Address 3090 SW 37TH AVE
City-State-Zip: MIAMI FL 33133

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

Title DVC
Name FRAZIER, ROSALYN
Address 2518 N. STATE ROAD 7
City-State-Zip: HOLLYWOOD FL 33021

Title TS
Name BURNS, BAKARI
Address 232 NORTH ORANGE BLOSSOM TRAIL
City-State-Zip: ORLANDO FL 32805

Title SECRETARY
Name BOTTOMS, CHARLES
Address 1502 EAST FOWLER
City-State-Zip: TAMPA FL 33612

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