

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003230

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: Yes

Name and Address of Current Registered Agent:

ROMILLO, ALEJANDRO
9064 N.W. 13 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

04/26/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name FRAZIER, ROSALYN
Address 9064 N.W. 13 TERRACE
City-State-Zip: DORAL FL 33172

Title CEO
Name ROMILLO, ALEJANDRO
Address 9064 N.W. 13 TERRACE
City-State-Zip: DORAL FL 33172

Title SECRETARY
Name PEREZ, CLAUDIO
Address 9064 N.W. 13 TERRACE
City-State-Zip: DORAL FL 33172

Title VC
Name BURNS, BAKARI
Address 9064 N.W. 13 TERRACE
City-State-Zip: DORAL FL 33172

Title TREASURER
Name BOTTOMS, CHARLES
Address 9064 N.W. 13 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: ALEJANDRO ROMILLO

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date