

**2015 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:**

KEARNS, KEVIN  
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: KEVIN KEARNS**

**04/10/2015**

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 KEARNS, KEVIN  
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: KEVIN KEARNS**

**CEO**

**04/10/2015**

Electronic Signature of Signing Officer/Director Detail

Date