

**2019 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**

**04/16/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title            SECRETARY  
Name            DORSO, ELODIE  
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**

**CEO**

**04/16/2019**

Electronic Signature of Signing Officer/Director Detail

Date