2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N9400003230

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

Name and Address of Current Registered Agent:

KEARNS, KEVIN 9064 N.W. 13 TERRACE DORAL, FL 33172 US Certificate of Status Desired: Yes

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			04/18/2014
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	CHAIRMAN	Title	CEO	
Name	HARTLEY, COL. BRODES JR	Name	KEARNS, KEVIN	
Address	9064 N.W. 13 TERRACE	Address	9064 N.W. 13 TERRACE	
City-State-Zip:	DORAL FL 33172	City-State-Zip:	DORAL FL 33172	
Title	VC	Title	TREASURER	
Name	FRAZIER, ROSALYN	Name	BURNS, BAKARI	
Address	9064 N.W. 13 TERRACE	Address	9064 N.W. 13 TERRACE	
City-State-Zip:	DORAL FL 33172	City-State-Zip:	DORAL FL 33172	
Title	SECRETARY			
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	04/18/2014
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Electronic Signature of Signing Officer/Director Detail

Date