# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

#### Secretary of State DOCUMENT # N05000011681 05-01-2006 90353 008 \*\*\*\*70.00 1. Entity Name DISEASE MANAGEMENT NETWORK, INC. Principal Place of Business Mailing Address 2937 S.W. 27TH AVENUE,, SUITE 305 2937 S.W. 27TH AVENUE., SUITE 305 MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 2937 SW. Suite, Apt. #, etc 04062006 CR2E037 (11/05) site 4. FEI Number 3887360 Applied For City & State Grove, FI Not Applicable Country US A \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AUERBACH, MARC H ESQ 201 S. BISCAYNE BLVD., SUITE 2000 MIAMI, FL 33131 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to Trust Fund Contribution, Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

6106

May 01, 2006 8:00 am

## ATTACHMENT Disease Management Network, Inc. 2937 SW 27th Avenue, Suite 305

Coconut Grove, FL 33133

Attachment for Document #: N05000011681

Block 10: Officers and Directors No Changes/Deletions

Block 11: Changes and Additions to Officers and Directors in Block 10

#### Addition

DP

Walsh, John W. 2937 SW 27th Avenue, Suite 305 Coconut Grove, FL 33133

#### Addition

CEO

Barrett, Robert C. 2937 SW 27th Avenue, Suite 305 Coconut Grove, FL 33133

#### Addition

DC

Rees, Ab 810 W. 57th Terrace Kansas City, MO 64113

#### Addition

DV

Sandhaus, Robert A. 2937 SW 27th Avenue, Suite 305 Coconut Grove, FL 33133

#### Addition

TD

McConnell, Michael R. 3561 Inverness Blvd. Carmel, IN 46032

### Addition

SD

Chakravorty, Bonnie J. 6728 Sonya Drive Nashville, TN 37209

### Addition

D

Bueker, Richard A. 1718 E. 97th Terrace Kansas City, MO 64131

## **ATTACHMENT**

Disease Management Network, Inc. 2937 SW 27th Avenue, Suite 305 Coconut Grove, FL 33133

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Block 10: Officers and Directors No Changes/Deletions

Block 11: Changes and Additions to Officers and Directors in Block 10

40073369

#### Addition

D Cohn, Martin H. 4291 Nautilis Drive Miami Beach, FL 33140

### Addition

D Masterson, Patricia A. 164 Riverdell Drive Saunderstown, RI 02874