
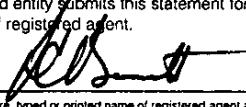
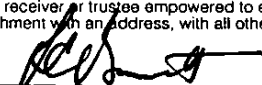


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90069 007 ****70.00

DOCUMENT # N05000011681					
1. Entity Name DISEASE MANAGEMENT NETWORK, INC.					
Principal Place of Business 2937 SW 27TH AVE STE 305 MIAMI, FL 33133			Mailing Address 2937 SW 27TH AVE STE 305 MIAMI, FL 33133		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3887360	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AUERBACH, MARC H ESQ 201 S. BISCAYNE BLVD., STE. 2000 MIAMI, FL 33131			Name BARRETT, ROBERT C.		
			Street Address (P.O. Box Number is Not Acceptable) 2937 S.W. 27TH AVENUE		
			Suite 305		
			City COCONUT GROVE		FL Zip Code 33133
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 		Robert C. Barrett		March 21, 2007	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRETT, ROBERT C		NAME	See attached / THE	
STREET ADDRESS	2937 SW27TH AVE STE 305		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALSH, JOHN W		NAME		
STREET ADDRESS	2937 SW 27TH AVE STE305		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REES, AB		NAME		
STREET ADDRESS	810 W 57TH TERR		STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY, MO 64113		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDHAUS, ROBERT A		NAME		
STREET ADDRESS	2937 SW 27TH AVE STE 305		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCONNELL, MICHAEL R		NAME		
STREET ADDRESS	3561 INVERNESS BLVD		STREET ADDRESS		
CITY-ST-ZIP	CARMEL, IN 46032		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAKRAVORTY, BONNIE J		NAME		
STREET ADDRESS	6728 SONYA DR		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37209		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.					
SIGNATURE: 		Robert C. Barrett		March 21, 2007 (305) 648-9540	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



ATTACHMENT 40041520

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

No Change

DP

Waish, John W.

2937 SW 27th Avenue, Suite 305

Coconut Grove, FL 33133

No Change

DC

Rees, Ab

810 W. 57th Terrace

Kansas City, MO 64113

No Change

DV

Sandhaus, Robert A.

2937 SW 27th Avenue, Suite 305

Coconut Grove, FL 33133

No Change

TD

McConnell, Michael R.

3561 Inverness Blvd.

Carmel, IN 46032

No Change

SD

Chakravorty, Bonnie J.

6728 Sonya Drive

Nashville, TN 37209

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

Change *

DCEO

Barrett, Robert C.

2937 SW 27th Avenue, Suite 305

Coconut Grove, FL 33133

Addition

D

Bueker, Richard A.

1718 E. 97th Terrace

Kansas City, MO 64131

Addition

D

Masterson, Patricia A.

164 Riverdell Drive

Saunderstown, RI 02874

Deletion

D

Cohn, Martin H.

4291 Nautilus Drive

Miami Beach, FL 33140