2008 NOT-FOR-PROFIT CORPORATION

Feb 06, 2008 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # N05000011681 02-06-2008 90031 027 ****70.00 DISEASE MANAGEMENT NETWORK, INC. Principal Place of Business Mailing Address 2937 SW 27TH AVE STE 305 dlintonon 2937 SW 27TH AVE STE 305 MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232008 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 20-3887360 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARRETT, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 2937 SW 27TH AVE **SUITE 305** COCONUT GROVE, FL 33131 City Zip Code 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 DOFO TITLE ☐ Delete TITLE ☐ Addition BARRETT, ROBERT C NAME NAME STREET ADDRESS 2937 SW27TH AVE STE 305 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP DP TITLE Delete TITLE ☐ Change ■ Addition WALSH, JOHN W NAME NAME STREET ADDRESS 2937 SW 27TH AVE STE305 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-7IP DC TITLE ☐ Delete TITLE □ Change ■ Addition REES AB NAME NAME 810 W 57TH TERR STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP KANSAS CITY, MO 64113 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition SANDHAUS, ROBERT A NAME NAME 2937 SW 27TH AVE STE 305 STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

MIAMI, FL 33133

MCCONNELL, MICHAEL R

CHAKRAVORTY, BONNIE J

3561 INVERNESS BLVD

NASHVILLE, TN 37209

CARMEL, IN 46032

6728 SONYA DR

ROBERT C. BALLETT SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

FILED

☐ Change

■ Addition

☐ Addition

ATTACHMENT 40018898 Disease Management Network, Inc.

2937 SW 27th Avenue, Suite 305

Coconut Grove, FL 33133

Attachment for Document #: N05000011681

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

Addition

D

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

Addition

D

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

Addition

D

Greene, Richard L., Jr. 3541 Sunrise Ridge Twin Lake, MI 49457