

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011681

FILED
Apr 29, 2010
Secretary of State

Entity Name: DISEASE MANAGEMENT NETWORK, INC.

Current Principal Place of Business:

2937 SW 27TH AVE STE 305
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2937 SW 27TH AVE STE 305
MIAMI, FL 33133

New Mailing Address:

FEI Number: 20-3887360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRETT, ROBERT C
2937 SW 27TH AVE
SUITE 305
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DCEO
Name: BARRETT, ROBERT C
Address: 2937 SW27TH AVE STE 305
City-St-Zip: MIAMI, FL 33133

Title: DP
Name: WALSH, JOHN W
Address: 2937 SW 27TH AVE STE 305
City-St-Zip: MIAMI, FL 33133

Title: DC
Name: REES, AB
Address: 810 W 57TH TERR
City-St-Zip: KANSAS CITY, MO 64113

Title: DV
Name: SANDHAUS, ROBERT A
Address: 2937 SW 27TH AVE STE 305
City-St-Zip: MIAMI, FL 33133

Title: TD
Name: GREENE, JR., ROBERT L
Address: 3541 SUNRISE RIDGE
City-St-Zip: TWIN LAKE, MI 49457

Title: SD
Name: CHAKRAVORTY, BONNIE J
Address: 6728 SONYA DR
City-St-Zip: NASHVILLE, TN 37209

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: ROBERT C BARRETT

DCEO

04/29/2010

Electronic Signature of Signing Officer or Director

Date