FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J03863 (4)

1. Corporation Name

METLIFE HEALTHCARE NETWORK OF NORTHEAST FLORIDA, INC.

Principal Place of Business
2600 LAKE LUCIEN DR. STE 300
MAITLAND FL 32751-4150

Mailing Address
2600 LAKE LUCIEN DR. STE 300
MAITLAND FL 32751-4150

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/13/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2866627 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. ... Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
D BYRNE, ROBERT E 57 GREENS FARMS RD. WESTPORT CT	[X] Change [ ] Addition D Cross, James D., M.D. One Tower Square, 15 NB Hartford, CT 06183
D BURNS, KEVIN JOSEPH 57 GREENS FARMS RD. WESTPORT FL	[ ] Change [ ] Addition
DP MACLEOD, WENDY ELLEN M 8500 S.W. 117 ROAD MIAMI FL	[ ] Change [ ] Addition
V EDYNAK, EUGENE M 8500 S.W. 117 ROAD MIAMI FL	[X] Change [ ] Addition V Ryan, George A. One Tower Square, 15 NB Hartford, CT 06183
S BLEXRUD, DONNA MARIE 2600 LAKE LUCIEN DR. MAITLAND FL	[X] Change [ ] Addition COO
	[ ] Change [X] Addition DAT Marcus, Gail B. One Tower Square, 15 NB Hartford, CT 06183

14. [illegible]

SIGNATURE: Donna Marie Blexrud — Donna Marie Blexrud 4/28/95 — 407-660-0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0042710 CP

J03863

1995 CORPORATION ANNUAL REPORT for
METLIFE HEALTHCARE NETWORK OF NORTHEAST FLORIDA, INC.
DOCUMENT # J03863

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [continued]

7.1	TITLE	AS	☐ Change	☒ Addition
7.2	NAME	Friedman, Matthew L.		
7.3	STREET ADDRESS	One Tower Square, 15 NB		
7.4	CITY-ST-ZIP	Hartford, CT 06183		
8.1	TITLE	AS	☐ Change	☒ Addition
8.2	NAME	Sweeris, Charles L.		
8.3	STREET ADDRESS	One Tower Square, 15 NB		
8.4	CITY-ST-ZIP	Hartford, CT 06183		
10.1	TITLE	V	☐ Change	☒ Addition
10.2	NAME	Ross, Michael, M.D.		
10.3	STREET ADDRESS	One Tower Square, 15 NB		
10.4	CITY-ST-ZIP	Hartford, CT 06183		
11.1	TITLE	S	☐ Change	☒ Addition
11.2	NAME	Michener, James M.		
11.3	STREET ADDRESS	One Tower Square, 15 NB		
11.4	CITY-ST-ZIP	Hartford, CT 06183		
12.1	TITLE	AS	☐ Change	☒ Addition
12.2	NAME	Jacobs, Seth A.		
12.3	STREET ADDRESS	One Tower Square, 15 NB		
12.4	CITY-ST-ZIP	Hartford, CT 06183		
13.1	TITLE	AS	☐ Change	☒ Addition
13.2	NAME	McMahon, Alain P.		
13.3	STREET ADDRESS	One Tower Square, 15 NB		
13.4	CITY-ST-ZIP	Hartford, CT 06183		

annual\flannne