

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 26, 2018
Secretary of State
CC2143493952

Entity Name: DISEASE MANAGEMENT NETWORK, INC.

Current Principal Place of Business:

3300 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134

Current Mailing Address:

3300 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 US

FEI Number: 20-3887360

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARRETT, ROBERT C
3300 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 US

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

Officer/Director Detail :

Title PRESIDENT, CEO
Name BARRETT, ROBERT C
Address 3300 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER, DIRECTOR
Name REES, AB
Address 810 W 57TH TERR
City-State-Zip: KANSAS CITY MO 64113

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

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

Title SECRETARY, DIRECTOR
Name WOOD, GRANT
Address 84 G STREET #1
City-State-Zip: SALT LAKE CITY UT 84103

Title VC, DIRECTOR
Name HART, MIEKELEEN
Address 155 PROVENCE POINT
City-State-Zip: AKRON OH 44333

Title DIRECTOR
Name FROST, W CHARLES
Address 2611 POWDERMILL LANE
City-State-Zip: VIENNA VA 22181

Title COO
Name SANCHEZ, MARTHA A
Address 3300 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134

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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

PRESIDENT & CEO

04/26/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PUSEY, DAVE
Address 3551 HARBOR WAY
City-State-Zip: FORT COLLINS CO 80524