

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 11, 2021
Secretary of State
2216210164CC

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:

DELVAUX, MARK
3300 PONCE DE LEON BLVD
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 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 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 PRESIDENT, CEO
Name DELVAUX, MARK
Address 3300 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name RITCHIE, MARCIA F
Address 3300 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name YOUNG, D. CRAIG
Address 3300 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

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: MARK DELVAUX

PRESIDENT, CEO

05/11/2021

Electronic Signature of Signing Officer/Director Detail

Date