

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 07, 2014
Secretary of State
CC5741685459

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

Title DP
Name WALSH, JOHN W
Address 3300 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134

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

Title DC
Name MCCONNELL, MICHAEL R
Address 3561 INVERNESS BLVD
City-State-Zip: CARMEL IN 46032

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

Title SD
Name CHAKRAVORTY, BONNIE J
Address 6728 SONYA DR
City-State-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

CEO

02/07/2014

Electronic Signature of Signing Officer/Director Detail

Date