

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011681

**FILED**  
**Apr 10, 2019**  
**Secretary of State**  
**8014467423CC**

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

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, DC  
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 B DELVAUX

**PRESIDENT, CEO**

**04/10/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date