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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000004953

1. Corporation Name
METROPOLITAN HEALTH NETWORKS, INC.

Principal Place of Business 5100 TOWN CENTER CIRCLE SUITE 560 BOCA RATON, FL 33486	Mailing Address 5100 TOWN CENTER CIRCLE SUITE 560 BOCA RATON, FL 33486-1008
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/16/96	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0635748	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent GUILLAMA, NOEL J 5100 TOWN CENTER CIRCLE SUITE 560 BOCA RATON FL 33486	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	700002163277
83. City	-05/02/97--01029--042
84. City	***165.00
	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.007 and 607.1908, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *Noel J. Guillama* *Noel J. Guillama, President & Chairman* 4-28-97
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
1.2 NAME	1.2 NAME
1.3 STREET ADDRESS	1.3 STREET ADDRESS
1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP
2.1 TITLE ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
2.2 NAME	2.2 NAME
2.3 STREET ADDRESS	2.3 STREET ADDRESS
2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
3.1 TITLE ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
3.2 NAME	3.2 NAME
3.3 STREET ADDRESS	3.3 STREET ADDRESS
3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP
4.1 TITLE ☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
4.2 NAME	4.2 NAME
4.3 STREET ADDRESS	4.3 STREET ADDRESS
4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
5.1 TITLE ☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
5.2 NAME	5.2 NAME
5.3 STREET ADDRESS	5.3 STREET ADDRESS
5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
6.1 TITLE ☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
6.2 NAME	6.2 NAME
6.3 STREET ADDRESS	6.3 STREET ADDRESS
6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on this annual report or supplemental annual reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the executor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 and is accompanied by an address.

SIGNATURE: *Noel J. Guillama* 4-28-97 561-416-9484
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)