AMENDED ANNUAL REPORT

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 DEC 23 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000004953

1. Corporation Name

Metropolitan Health Networks, Inc.

Principal Place of Business	Mailing Address
5100 Town Center Cir. Suite 560 Boca Raton, FL 33486	5100 Town Center Cir. Suite 560 Boca Raton, FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1-16-96

4. FEI Number: 65-0635748 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

Guillama, Noel J.
5100 Town Center Circle
Suite 560
Boca Raton, FL 33486-1008

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature of new registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Guillama, Noel J. 5100 Town Center Circle, Ste 560 Boca Raton, FL 33486-1008 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	VD Goldstein, Michael P. 5100 Town Center Cir., Ste 560 Boca Raton, FL 33486-1008 ☐ Change ☒ Addition XX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSDT Cohen, Donald 5100 Town Center Cir., Ste 560 Boca Raton, FL 33486-1008 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Fox, Walter 5100 Town Center Cir., Ste 560 Boca Raton, FL 33486-1008 ☐ Change ☒ Addition XX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hall, Ken 5100 Town Center Cir., Ste 560 Boca Raton, FL 33486-1008 ☒ DELETE XX	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D Gerstenfeld, Mark 5100 Town Center Cir., Ste 560 Boca Raton, FL 33486-1008 ☐ Change ☒ Addition XX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Fisher, Roman 5100 Town Center Cir., Ste 560 Boca Raton, FL 33486-1008 ☒ DELETE XX	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	600002724166--4 -12/29/98--01005--005 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kagan, Robert MD 5100 Town Center Cir., Ste 560 Boca Raton, FL 33486-1008 ☒ DELETE XX	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	12-24-98 ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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 receiver 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 if changed or added by an attachment with an address.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)