

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

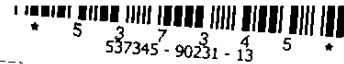
FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90231 013 ***158.75

DOCUMENT # P96000004953

1. Corporation Name

METROPOLITAN HEALTH NETWORKS, INC.



Principal Place of Business Mailing Address
5100 Town Center Circle 5100 Town Center Circle
Suite 560 Suite 560
Boca Raton, FL 33486-1008 Boca Raton, FL 33486-1008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/96

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 Sections 607.05(2) and 607.1505, 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 607.1505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Noel J. Guillama

4/13/99

DATE

(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
Guillama, Noel J. PD 5100 Town Center Cir., Ste 560 Boca Raton, FL 33486-1008

1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
D Sachs, Karl M. 5100 Town Center Cir., Suite 560 Boca Raton, FL 33486-1008

TITLE NAME STREET ADDRESS CITY-ST-ZIP
VSDT Cohen, Donald 5100 Town Center Cir., Ste 560 Boca Raton, FL 33486-1008

2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
D Preste, Paul 5100 Town Center Cir., Suite 560 Boca Raton, FL 33486-1008

TITLE NAME STREET ADDRESS CITY-ST-ZIP
VD Goldstein, Michael P. 5100 Town Center Cir., Ste 560 Boca Raton, FL 33486-1008

3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D Fox, Walter 5100 Town Center Cir., Ste 560 Boca Raton, FL 33486-1008

4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D Gerstenfeld, Mark 5100 Town Center Cir., Ste 560 Boca Raton, FL 33486-1008

5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Noel J. Guillama 4/13/99 (561)416-9484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)