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

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90231 013 ***158.75

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P96000004953

1. Corporation Name

METROPOLITAN HEALTH NETWORKS, INC.

537345 - 90231 - 13

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/96

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

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

5. Certifcate of Status Desired X☐ **$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

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 Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE _____ Noel J. Guillama 4/13/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Guillama, Noel J.	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	PD		1.2 NAME	Sachs, Karl M.	
STREET ADDRESS	5100 Town Center Cir., Ste 560		1.3 STREET ADDRESS	5100 Town Center Cir., Suite 560	
CITY-ST-ZIP	Boca Raton, FL 33486-1008		1.4 CITY-ST-ZIP	Boca Raton, FL 33486-1008	
TITLE	VSDT	XX DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	Cohen, Donald		2.2 NAME	Preste, Paul	
STREET ADDRESS	5100 Town Center Cir., Ste 560		2.3 STREET ADDRESS	5100 Town Center Cir., Suite 560	
CITY-ST-ZIP	Boca Raton, FL 33486-1008		2.4 CITY-ST-ZIP	Boca Raton, FL 33486-1008	
TITLE	VD	XX DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Goldstein, Michael P.		3.2 NAME		
STREET ADDRESS	5100 Town Center Cir., Ste 560		3.3 STREET ADDRESS		
CITY-ST-ZIP	Boca Raton, FL 33486-1008		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Fox, Walter		4.2 NAME		
STREET ADDRESS	5100 Town Center Cir., Ste 560		4.3 STREET ADDRESS		
CITY-ST-ZIP	Boca Raton, FL 33486-1008		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Gerstenfeld, Mark		5.2 NAME		
STREET ADDRESS	5100 Town Center Cir., Ste 560		5.3 STREET ADDRESS		
CITY-ST-ZIP	Boca Raton, FL 33486-1008		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 #