2000	UNIFO	RM BUSI	NESS REPO	RT (	UBR)	PASE 1-5t2
	OCUMENT # P960000004953					FILED
•						00 JUN 16 AM 9: 22
ľ	METROPOLITAN HEALTH NETWORKS, INC.					SECRETARY OF STATE
500 AU SUITE	1000	AVENUE S.	Mailing Address 500 AUSTRAL SUITE 1000 W. PALM BEA			TAEEAHASSEE. FLORIDA
Principal Place of Business     3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State City & State			City & State			4. FEI Number Applied For
Zip	Zip Country		Zip Cour			65-0635748   Not Applicable
		·			5. Certificate of Status Desired Fee Required	
	6. Name and A	ddress of Current R	egistered Agent		Name	7. Name and Address of New Registered Agent
5100	J. GUILLAMA TOWN CENTER CARCLE, SUITE 560 RATO, FLORIDA 33486-1008			-	2665 S SUITE	
					City COCONU!	FL Zip Code 33133
8. The above	named entity subm	nits his statement for	the purpose of changing its	registered	office or regist	ered agent, or both, in the State of Florida.
		X	LAZARO J.Y	QLLB	K (10)	LIRE 6/1/00
SIGNATURE	Signature, typed of printer	d rame of registered agent ar				red when reinstating) DATE
Tax filing	oration is eligiple to requirement and ele iria on back)		FILE NOW! After MAY 1, 20 Make Check Payab	00 Fee wi	li be \$550.00	
11.		OFFICERS AND D	以海南等级中海。1922—1980年1月至1月2日1日日日本年1月2日。	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD		Delete	TITLE	PE	Change Addition
NAME STREET ADDRESS		GUILLAMA	arnare aveca	NAME STREET		RED STERNBERG
CITY-ST-ZIP	BOCA RAT	ON, FL 33	CIRCLE S/560	CITY-ST		00 AUSTRALIAN AVE S.
TITLE	D	1,	Delete	TITLE	"•	PLAM BEACH, FL 33401 Change Addition
NAME STREET ADDRESS	WALTER FOX\			NAME STREET	ADDRESS	<b>6000032963963</b>   -06/20/0001016001
CITY-ST-ZIP		N CENTER ( ON, FL 33		CITY-ST	- ZIP	-06/28/0001016001 ***2391.25 ****141.25
TITLE	D	U., 12 33	☐ Delete	TITLE	V	☐ Change ☐ Addition
NAME STREET ADDRESS	PAUL PRE			NAME STREET	oppece 1	BBIE FINNEL
CITY-ST-ZIP			CIRCLE S/560	CITY-ST	<sub>-710</sub>   ⊃∪	O AUSTRALIAN AVE. S PALM BEACH, FL 33486
TITLE	D	ON, FL 33	Delete	TITLE	D .	Change Addition
NAME	KARL SAC	нѕ		NAME	MI	CHAEL CAHR
STREET ADDRESS CITY-ST-ZIP			CIRCLE S/560	CITY-ST		O AUSTRALIAN AVE. S
TITLE	BOCA RATON, FL 33486				D	PALM BEACH, FL 33486
NAME				NAME	] -	RVIN HEIMAN
STREET ADDRESS				STREET A	ADDRESS 50	O AUSTRALIAN AVE. S
CITY-ST-ZIP	<u> </u>	<del></del>	□ Doloto	TITLE	W.•	PALM BEACH, FL 33401
TITLE NAME	☐ Delete				S/	VID GARTNER
STREET ADDRESS	1		2T	4	ADDRESS 50	O AUSTRALIAN AVE. S
CITY-ST-ZIP	1		LIU	CITY-ST	1 177	PALM BEACH, FL 33486
iadiaataa	d an this renert ar or	conformation concert in	true and accurate and that a	au cianatur	n chail hava th	Section 119.07(3)(I), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

è. '

SIGNATURE:

561\_805-8500

4/25/00 Date

P96000004953 +227

## ADDITIONAL OFFICERS FOR METROPOLITAN HEALTH NETWORKS, INC.

D MARK GERSTENFELD 500 AUSTRALIAN AVENUE S. W. PALM BEACH, FL 33401

D KARL SACHS 500 AUSTRALIAN AVENUE S. W. PALM BEACH, FL 33401

D PAUL PRESTE **500 AUSTRALIAN AVENUE** W. PALM BEACH, FL 33401

Addition

Change

Change