

2001 UNIFORM BUSINESS REPORT (UBR)

0281742

DOCUMENT # P96000004953

1. Entity Name

METROPOLITAN HEALTH NETWORKS, INC.

FILED

01 APR 26 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

500 AUSTRALIAN AVENUE S.
SUITE 1000
WEST PALM BEACH FL 33401

500 AUSTRALIAN AVENUE S.
SUITE 1000
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0635748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUR, LAZARO J ESQUIRE
2665 S. BAYSHORE DRIVE
SUITE 703
COCONUT GROVE FL 33133

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOT

Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00

Fee will be \$550.00

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME STERNBERG, FRED
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 800004164158--2
-05/03/01--01817--003
***2300.00 ***150.00

TITLE V ☐ Delete
NAME FINNEL, DEBBIE
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CAHR, MICHAEL
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PRESTGE, PAUL
STREET ADDRESS 5100 TOWN CENTER CIRCLE SUITE 560
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☒ Change ☐ Addition
NAME PRESTE, PAUL
STREET ADDRESS 500 AUSTRALIAN AVENUE SOUTH
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D ☐ Delete
NAME SACHS, KARL
STREET ADDRESS 5100 TOWN CENTE CIR. SUITE 560
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☒ Change ☐ Addition
NAME SACHS, KARL
STREET ADDRESS 500 AUSTRALIAN AVENUE SOUTH
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D ☐ Delete
NAME HEIMAN, MARVIN
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental report is true and accurate and 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID S. GARTNER

Date

Daytime Phone #

4/2/01

561 805-8500

CR2E034 (10/00)