## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TY

ED OR P

AME OF SIGNING OFFICER OR DIRECTOR

#### Secretary of State DOCUMENT # P96000004953 04-19-2007 90209 011 \*\*\*150.00 METROPOLITAN HEALTH NETWORKS, INC. Principal Place of Business Mailing Address 40071116 250 AUSTRALIAN AVE SOUTH 250 AUSTRALIAN AVE SOUTH SUITE 400 SUITE 400 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0635748 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition TATLE PD Ti Delete TITLE Change EARLEY, MICHAEL M NAME NAME STREET ADDRESS 250 AUSTRALIAN AVE SOUTH, #400 STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-ZIP CITY - ST-7IP Delete TITLE Change Addition TITLE FINNEL, DEBBIE NAME NAME STREET ADDRESS 250 AUSTRALIAN AVE SOUTH, #400 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME PALENZUELA, ROBERTO L NAME STREET ADDRESS 250 AUSTRALIAN AVE SOUTH, #400 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP Addition Delete TITLE TITLE SABO, ROBERT J. GARTNER, DAVID S NAME NAME 250 AUSTRALIAN AVE. SOUTH, #400 250 AUSTRALIAN AVE SOUTH, #400 STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 CITY-ST-ZIP D Addition Change ☐ Delete TITLE HARRISON, MARTIN W. NAME NAME 250 AUSTRALIAN AVE. SOUTH, #400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP Addition ☐ Delete TITLE D NAME HASKELL, ERIC NAME 250 AUSTRALIAN AVE. SOUTH, #400 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7/8 WEST PALM BEACH, FL 33401 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attact then with an address, with all other like empowered. ecre SIGNATURE:

FILED Apr 19, 2007 8:00 am

# ATTACHMENT 40071116

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METROPOLITAN HEALTH NETWORKS, INC.

DOCUMENT # P96000004953

#### **ATTACHMENT**

#### #11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACHS, KARL M. 250 AUSTRALIAN AVE. SO WEST PALM BEACH, FL 33		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEMAN, BARRY T. 250 AUSTRALIAN AVE. SO WEST PALM BEACH, FL 33		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORMAN, DAVID A. 250 AUSTRALIAN AVE. SO WEST PALM BEACH, FL 33	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIELDS, ROBERT E. 250 AUSTRALIAN AVE. SO WEST PALM BEACH, FL 33	· ·	