

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90095 037 ***150.00

DOCUMENT # P96000004953 1. Entity Name METROPOLITAN HEALTH NETWORKS, INC.					
Principal Place of Business 250 AUSTRALIAN AVE SOUTH SUITE 400 WEST PALM BEACH, FL 33401			Mailing Address 250 AUSTRALIAN AVE SOUTH SUITE 400 WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
04232008 Chg-P CR2E034 (12/06)				4. FEI Number 65-0635748	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent 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. 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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP EARLEY, MICHAEL M 250 AUSTRALIAN AVE SOUTH, #400 WEST PALM BEACH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SABO, ROBERT J 250 AUSTRALIAN AVE SOUTH, #400 WEST PALM BEACH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALENZUELA, ROBERTO L 250 AUSTRALIAN AVE SOUTH, #400 WEST PALM BEACH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, MARTIN W 250 AUSTRALIAN AVE SOUTH, #400 WEST PALM BEACH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASKELL, ERIC 250 AUSTRALIAN AVE S #400 WEST PALM BEACH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition D SACHS, KARL M. 250 AUSTRALIAN AVE. SOUTH, #400 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 attachment with an address, with or without other like empowered.					
SIGNATURE:			S 4/24/08 (561) 805-8500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Roberto Palenzuela			Date Daytime Phone #		

ATTACHMENT

40089238

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METROPOLITAN HEALTH NETWORKS, INC.

DOCUMENT # P960000004953

ATTACHMENT

#11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	D	☐ Change	☒ Addition
NAME	ZEMAN, BARRY T.		
STREET ADDRESS	250 AUSTRALIAN AVE. SOUTH, #400		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		

TITLE	D	☐ Change	☒ Addition
NAME	FLORMAN, DAVID A.		
STREET ADDRESS	250 AUSTRALIAN AVE. SOUTH, #400		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		

TITLE	D	☐ Change	☒ Addition
NAME	SHIELDS, ROBERT E.		
STREET ADDRESS	250 AUSTRALIAN AVE. SOUTH, #400		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		