

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

0375056 AV

DOCUMENT # P96000004953

1. Entity Name
METROPOLITAN HEALTH NETWORKS, INC.



Principal Place of Business
**500 AUSTRALIAN AVENUE S.
SUITE 1000
WEST PALM BEACH FL 33401**

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



2. Principal Place of Business

3. Mailing Address

Change of Address:
Suite, Apt. #, etc.

City & State **250 Australian Ave South, #400
West Palm Beach, FL 33401**

Zip Country

4. FEI Number **65-0635748**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**STERNBERG, FRED
500 AUSTRALIAN AVE. SO
SUITE 100
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

**PD
Earley, Michael
250 Australian Ave South, #400
West Palm Beach, FL 33401**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-21-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
Earley, Michael
250 Australian Ave South, #400
West Palm Beach, FL 33401**

11. S AND DIRECTORS IN 11
☐ Change ☒ Addition

**Change of Address:
250 Australian Ave South, #400
West Palm Beach, FL 33401**

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

12. 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 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **Michael Earley** **3-21-03** **561-885-8500**
Date Daytime Phone #

CR2E034 (10/02)