2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2023
Secretary of State
4626812698CC

DOCUMENT# P03000068374

Entity Name: PREFERRED CARE NETWORK, INC.

Current Principal Place of Business:

9100 SOUTH DADELAND BOULEVARD
SUITE 1250
MIAMI, FL 33156

Current Mailing Address:

9100 SOUTH DADELAND BOULEVARD
SUITE 1250
MIAMI, FL 33156 US

FEI Number: 01-0788576

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP
Name	COTTINGTON, NYLE BRENT
Address	9800 HEALTH CARE LANE
City-State-Zip:	MINNETONKA MN 55343

Title	DIRECTOR
Name	ST. MARTIN, BRIAN HOWARD
Address	9800 HEALTH CARE LANE
City-State-Zip:	MINNETONKA MN 55343

Title	TREASURER
Name	GILL, PETER MARSHALL
Address	9900 BREN ROAD EAST
City-State-Zip:	MINNETONKA MN 55343

Title	DIRECTOR
Name	MURRELL, WARREN PAUL III
Address	3838 NORTH CAUSEWAY BOULEVARD SUITE 2200
City-State-Zip:	METAIRIE LA 70002

Title	ASSISTANT SECRETARY
Name	LANG, HEATHER ANASTASIA
Address	9900 BREN ROAD EAST
City-State-Zip:	MINNETONKA MN 55343

Title	DIRECTOR
Name	VELASCO, JOSE LUIS JR.
Address	9100 SOUTH DADELAND BOULEVARD
City-State-Zip:	MIAMI FL 33156

Title	DIRECTOR
Name	PRIETO, JENNIFER DENISE
Address	9100 SOUTH DADELAND BOULEVARD
City-State-Zip:	MIAMI FL 33156

Title	DIRECTOR
Name	STATE, TONYA LYNN
Address	9800 HEALTH CARE LANE
City-State-Zip:	MINNETONKA MN 55343

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HEATHER ANASTASIA LANG ASSISTANT SECRETARY 04/23/2023

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	CFO
Name	STATE, TONYA LYNN
Address	9800 HEALTH CARE LANE
City-State-Zip:	MINNETONKA MN 55343

Title	CEO
Name	MURRELL, WARREN PAUL III
Address	3838 NORTH CAUSEWAY BOULEVARD SUITE 2200
City-State-Zip:	METAIRIE LA 70002

Title	PRESIDENT
Name	MURRELL, WARREN PAUL III
Address	3838 NORTH CAUSEWAY BOULEVARD SUITE 2200
City-State-Zip:	METAIRIE LA 70002

Title	SECRETARY
Name	ZUBA, JESSICA LEIGH
Address	POST OFFICE BOX 9472 MAIL CODE: CA952-1000
City-State-Zip:	MINNEAPOLIS MN 55440-9472