

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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 SECRETARY
Name VACANCY, MUST FILL
Address 9100 SOUTH DADELAND BOULEVARD
SUITE 1250
City-State-Zip: MIAMI FL 33156

Title DIRECTOR
Name VELASCO, JR., JOSE LUIS
Address 9100 SOUTH DADELAND BOULEVARD
SUITE 1250
City-State-Zip: MIAMI FL 33156

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

Title DIRECTOR
Name PRIETO, JENNIFER DENISE
Address 9100 SOUTH DADELAND BOULEVARD
SUITE 1250
City-State-Zip: MIAMI FL 33156

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

Title DIRECTOR
Name BRIAN HOWARD, ST. MARTIN
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

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

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

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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 04/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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