

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000121690

**Entity Name:** PREFERRED CARE NETWORK OF FLORIDA, INC.

**FILED**  
**Apr 23, 2023**  
**Secretary of State**  
**8898096434CC**

**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: 20-3391186**

**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 ASSISTANT SECRETARY  
Name LANG, HEATHER ANASTASIA  
Address 9900 BREN ROAD EAST  
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 DIRECTOR  
Name VELASCO, JOSE LUIS JR.  
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 ZITUR, JONATHON KEITH  
Address 3000 BAYPORT DRIVE  
SUITE 1170  
City-State-Zip: TAMPA FL 33607

Title CFO  
Name ZITUR, JONATHON KEITH  
Address 3000 BAYPORT DRIVE  
SUITE 1170  
City-State-Zip: TAMPA FL 33607

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

**Continues on page 2**

*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            PRESIDENT, DIRECTOR, CEO  
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