

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000004953

Entity Name: METROPOLITAN HEALTH NETWORKS, INC.**Current Principal Place of Business:**500 W. MAIN STREET
LOUISVILLE, KY 40202**Current Mailing Address:**P.O. BOX 740026
TAX DEPARTMENT
LOUISVILLE, KY 40201-7426 US**FEI Number:** 65-0635748**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** SHERYL A. GIBBS, ASSISTANT SECRETARY

04/19/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name RYU, M.D., JD, JAEWON
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title TREASURER
Name BAILEY, ALAN
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND CORPORATE
 SECRETARY
Name LENAHA, JOAN O.
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title ASST. SECRETARY
Name VENTURA, JOSEPH C.
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name BROUSSARD, BRUCE D.
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name MURRAY, JAMES E.
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT
Name ROBINSON, HANK
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT AND CHIEF
 INFORMATION OFFICER
Name LECLAIRE, BRIAN P.
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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: HANK ROBINSON

VICE PRESIDENT

04/19/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VICE PRESIDENT
Name WILSON, RALPH M.
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT AND CFO
Name KANE, BRIAN
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT - INVESTMENT MANAGEMENT
Name PRESTON, WILLIAM MARK
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND CHIEF ACCOUNTING
OFFICER
Name ZIPPERLE, CYNTHIA
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, SENIOR VICE PRESIDENT
AND CHIEF MEDICAL OFFICER
Name BEVERIDGE, M.D., ROY
Address 500 W MAIN ST
City-State-Zip: LOUISVILLE KY 40202

Title SEGMENT VICE PRESIDENT AND
PRESIDENT, CLINICAL CARE
SERVICES
Name CONNOLLY, MARSDEN
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT
Name ROSELLO, GEMMA
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202