2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2025
Secretary of State
7787689204CC

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Entity Name: METROPOLITAN HEALTH NETWORKS, INC.

Current Principal Place of Business:

500 WEST MAIN STREET
LOUISVILLE, KY 40202

Current Mailing Address:

500 WEST MAIN STREET
LOUISVILLE, KY 40202 US

FEI Number: 65-0635748

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT 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: SHERYL A. GIBBS, ASSISTANT SECRETARY 04/23/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SENIOR VICE PRESIDENT, ENTERPRISE ASSOCIATE & BUSINESS SOLUTIONS
Name	EDWARDS, DOUGLAS ALLEN
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	DIRECTOR
Name	BUCKINGHAM, RENEE JACQUELINE
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	VICE PRESIDENT AND TREASURER
Name	MARCOUX, JR., ROBERT MARTIN
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	VP, PRIMARY CARE TRANSFORMATION
Name	PABO, ERIKA
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	ASSOCIATE VP, TAX
Name	FELD, DANIEL KEVIN
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	DIRECTOR
Name	RUSCHELL, JOSEPH MATTHEW
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	PRESIDENT
Name	BUCKINGHAM, RENEE JACQUELINE
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	VP, POPULATION HEALTH ANALYTICS AND UTILIZATION MANAGEMENT SERVICES
Name	MORRELL, JOSHUA
Address	500 WEST 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: DANIEL KEVIN FELD ASSOCIATE VP, TAX 04/23/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	SENIOR VICE PRESIDENT, DIVISION PRESIDENT, PRIMARY CARE
Name	MERIWETHER, KEVIN
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	SENIOR VICE PRESIDENT, CHIEF MEDICAL OFFICER, CARE DELIVERY
Name	GARG, M.D., VIVEK
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	VP, CFO, PRIMARY CARE ORGANIZATION
Name	LINDSAY-JONES, RICHARD
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	DIRECTOR
Name	MARCOUX, JR., ROBERT MARTIN
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	SVP, STRATEGY, INTEGRATION & TRANSFORMATION
Name	ADKINS, MATT
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	CHIEF CLINIC OPERATIONS OFFICER
Name	GREENFIELD-LATOUR, CHERI
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	VP, ASSOCIATE GENERAL COUNSEL AND CORPORATE SECRETARY
Name	RUSCHELL, JOSEPH MATTHEW
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202