

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000004953

Entity Name: METROPOLITAN HEALTH NETWORKS, INC.**Current Principal Place of Business:**777 YAMATO ROAD
SUITE 510
BOCA RATON, FL 33431**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

05/01/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR AND PRESIDENT
Name JASSER, M.D., JOSEPH W
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

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

Title VICE PRESIDENT AND ASSISTANT CORPORATE 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 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

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

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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: HANK ROBINSON

VICE PRESIDENT

05/01/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 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 SENIOR VICE PRESIDENT AND CHIEF
STRATEGY OFFICER
Name HUNTER, CHRISTOPHER H
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

Title PRESIDENT - HEALTHCARE
SERVICES SEGMENT
Name FLEMING, WILLIAM K
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT
Name EDWARDS, DOUGLAS A
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT - FINANCE
Name KUHN, JENNIFER
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202