

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003099

1. Entity Name

MP MEDICAL MANAGEMENT, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90033 011 ***150.00

Principal Place of Business

3000 GALLERIA TOWER, SUITE 1000
BIRMINGHAM AL 35244

Mailing Address

3000 GALLERIA TOWER, SUITE 1000
BIRMINGHAM AL 35244-2359

2. Principal Place of Business

1200 South Pine Island Road

3. Mailing Address

1200 South Pine Island Road

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

Suite 500

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33324

Country

Zip

33324

Country

4. FEI Number

72-1387208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROLAND SANCHEZ-MEDINA, JR.
C/O MCDERMOTT, WILL & EMERY
201 S. BISCAYNE BLVD., SUITE 2200
MIAMI FL 33131

Name

Robert J. Leahy

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite 500

City

Ft. Lauderdale

FL

Zip Code

33324

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☒ Delete
NAME DICKERSON, JAMES H JR.
STREET ADDRESS 3000 GALLERIA TOWER, SUITE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244

TITLE P, D ☐ Change ☒ Addition
NAME Mosquera Luis G.
STREET ADDRESS 1200 South Pine Island Road, Suite 500
CITY-ST-ZIP Ft. Lauderdale, FL 33324

TITLE DS ☒ Delete
NAME FINLEY, SARA J
STREET ADDRESS 3000 GALLERIA TOWER, SUITE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244

TITLE VP, S, D ☐ Change ☒ Addition
NAME Leahy, Robert J
STREET ADDRESS 1200 South Pine Island Road, Suite 500
CITY-ST-ZIP Ft. Lauderdale, FL 33324

TITLE DVP ☒ Delete
NAME WINGFIELD, CLARK
STREET ADDRESS 3000 GALLERIA TOWER, SUITE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244

TITLE VP, T, D ☐ Change ☒ Addition
NAME Hogan, Kristin A.
STREET ADDRESS 1200 South Pine Island Road, Suite 500
CITY-ST-ZIP Ft. Lauderdale, FL 33324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP, D ☐ Change ☒ Addition
NAME Bilowich, Martin E.
STREET ADDRESS 1200 South Pine Island Road, Suite 500
CITY-ST-ZIP Ft. Lauderdale, FL 33324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/99)