

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P40317**

1. Entity Name

GLOBAL MEDICAL MANAGEMENT, INC.

Principal Place of Business

14673 MIDWAY RD.
SUITE 220
DALLAS TX 75244

Mailing Address

7901 SW 36TH ST.
SUITE 100
DAVIE FL 33328-1914
US

2. Principal Place of Business

7901 SW 36th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite 100

City & State

Davie

FL

City & State

Zip

33328

Country

Zip

Country

4. FEI Number

75-2436905

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, MARTIN
3800 GALT OCEAN MILE #905
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DCS
NAME HEUSINKVELD, ROBERT T. ☐ Delete
STREET ADDRESS 14673 MIDWAY RD. #220
CITY-ST-ZIP DALLAS TXTITLE DP
NAME SMITH, MARTIN B., JR. ☐ Delete
STREET ADDRESS 10520 MENDOCINO LANE
CITY-ST-ZIP BOCA RATON FLTITLE HEUSINKVELD, ROBERT T. ☐ Delete
NAME HEUSINKVELD, ROBERT T.
STREET ADDRESS 14673 MIDWAY RD. #220
CITY-ST-ZIP DALLAS TXTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3800 Galt Ocean Mile #905
CITY-ST-ZIP Ft. Lauderdale, FL 33308TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #