


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P40317 1. Entity Name GLOBAL MEDICAL MANAGEMENT, INC.	
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Principal Place of Business 7901 S.W. 36TH ST SUITE 100 DAVIE, FL 33328	Mailing Address 7901 SW 36TH ST. SUITE 100 DAVIE, FL 33328 US
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01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2436905	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCS
NAME	HEUSINKVELD, ROBERT T.
STREET ADDRESS	14673 MIDWAY RD. #220
CITY-ST-ZIP	DALLAS, TX
TITLE	DP
NAME	SMITH, MARTIN B., JR.
STREET ADDRESS	3800 GALT OCEAN MILE #905
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	T
NAME	HEUSINKVELD, ROBERT T.
STREET ADDRESS	14673 MIDWAY RD. #220
CITY-ST-ZIP	DALLAS, TX
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000394158
01/25/06-80050-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

1/19/06

(954) 370-6404

Date

Daytime Phone #