

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 15, 2007 08:00 A
Secretary of State

DOCUMENT # P40317

1. Entity Name
GLOBAL MEDICAL MANAGEMENT, INC.



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

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

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

**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, 2007 Fee will be \$550.00

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

U00000638516
02/26/07-80023-006 150.00

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
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

2/13/07 954 370 6404