

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000054**

1. Entity Name  
**MID-FLORIDA MEDICAL MANAGEMENT, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 25 PM 1:25



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
7350 SANDLAKE COMMONS BLVD  
SUITE 2217  
ORLANDO FL 32819

Mailing Address  
7350 SANDLAKE COMMONS BLVD  
SUITE 2217  
ORLANDO FL 32819-8031

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-3157201** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KRAMER, ROBERT M**  
**KRAMER & ZUCKERMAN, P.A.**  
**400 HOLLYWOOD BLVD., SUITE 485 SO.**  
**HOLLYWOOD FL 32021**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$9,900.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>LEVINE, LORRI E</b> <b>7350 SANDLAKE COMMONS, SUITE 2215</b> <b>ORLANDO FL 32819</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>600003349306--9</b> <b>-08/08/00--01059--011</b> <b>****158.05 ****158.05</b>
CITY - ST - ZIP	
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CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Lorri E. Levine 7/17/00 407-383-7961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)