

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9300000054

1. Entity Name

MID-FLORIDA MEDICAL MANAGEMENT, LTD.

Principal Place of Business

7350 SANDLAKE COMMONS BLVD  
SUITE 2217  
ORLANDO FL 32819

Mailing Address

7350 SANDLAKE COMMONS BLVD  
SUITE 2217  
ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01 APR 19 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

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. 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

## 13.

## ADDRESS CHANGES ONLY

CR2003 (11/00)

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	LEVINE, LORRI E 7350 SANDLAKE COMMONS, SUITE 2215 ORLANDO FL 32819	STREET ADDRESS CITY-ST-ZIP	200004139882-5 -05/07/01--01130--017
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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: *Lorraine E. Levine* 4/10/01 407-363-7961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0002024  
02254

AP