

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000054**

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

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

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

7. Name and Address of New 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.

DATE

9. Capital Contributions as Shown on record.

**\$9,900.00**

10. Amount of Capital Contributions in FLORIDA to date.

**\$9,900.00**

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

DOCUMENT #  
NAME **LEVINE, LORRIE**  
STREET ADDRESS **7350 SANDLAKE COMMONS, SUITE 2215**  
CITY-ST-ZIP **ORLANDO FL 32819**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**200005463022--1**  
**-05/05/02-01032-007**  
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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:

**Scott D. Levine**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4/19/02 407.363.1515**

LA

**FILED**  
**02 APR 24 PM 2:43**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



CR2E003 (9/01)