

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A93000000054**

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



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

LR 02/26/04

04 FEB 13 AM 10:17

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

Mailing Address  
**C/O SCOTT D. LEVINE  
 7350 SANDLAKE COMMONS BLVD., #2215  
 ORLANDO, FL 32819**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

**59-3157201**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, GREEN, ZUCKERMAN & GREENE, P.A.  
 4000 HOLLYWOOD BLVD., SUITE 485 SOUTH  
 HOLLYWOOD, FL 33021**

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

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.

**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  
 STREET ADDRESS  
 CITY-ST-ZIP

**LEVINE, SCOTT D  
 7350 SANDLAKE COMMONS, SUITE 2215  
 ORLANDO, FL 32819**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**100030119461**  
**03/03/04-01056-014 \*\*158.05**

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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:**

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

**Scott Levine 2/10/04 407-363-7961**

Date

Daytime Phone #