

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90009 012 ***150.00

0244366 AV

DOCUMENT # H87096
 1. Entity Name
MEDICAL BUSINESS MANAGEMENT FOR M.D.'S, INC.

Principal Place of Business 963 CRANDON BOULEVARD KEY BISCAIYNE FL 33149 US	Mailing Address POST OFFICE BOX 49-0042 KEY BISCAIYNE FL 33149 US
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2. Principal Place of Business 963 CRANDON BLVD Suite, Apt. #, etc.	3. Mailing Address P.O. Box 49-0042 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Key Biscayne, FL	City & State Key Biscayne, FL
Zip 33149	Zip 33149
Country USA	Country USA

4. FEI Number 59-2635744	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, OLGA M.
 125 E ENID DR.
 KEY BISCAIYNE FL 33149**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
N/A
 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 **N/A** (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, OLGA M. 125 E INIO DR. KEY BISCAIYNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, LORETTA K. 108 GRAPE TREE DRIVE KEY BISCAIYNE FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Olga M. Davis* (**OLGA M. DAVIS**) **01-07-02** **(305) 361-3222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)