

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90025 030 ***150.00

DOCUMENT # H87096

1. Entity Name

MEDICAL BUSINESS MANAGEMENT FOR M.D.'S, INC.



Principal Place of Business

Mailing Address

963 CRANDON BOULEVARD
KEY BISCAVNE FL 33149
US

POST OFFICE BOX 49-0042
KEY BISCAVNE FL 33149
US

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2635744

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

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DAVIS, OLGA M.
STREET ADDRESS 125 E INIO DR.
CITY-ST-ZIP KEY BISCAVNE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME DAVIS, LORETTA K.
STREET ADDRESS 106 GRAPE TREE DRIVE
CITY-ST-ZIP KEY BISCAVNE FL 33149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

OLGA M DAVIS

SIGNATURE: *Olga M. Davis, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-16-2004 (305) 361-3222

Date

Daytime Phone #