

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90551 031 \*\*\*150.00

**DOCUMENT # H87096**

1. Entity Name  
**MEDICAL BUSINESS MANAGEMENT FOR M.D.'S, INC.**



Principal Place of Business  
**963 CRANDON BOULEVARD  
KEY BISCAVNE FL 33149  
US**

Mailing Address  
**POST OFFICE BOX 49-0042  
KEY BISCAVNE FL 33149  
US**



2. Principal Place of Business  
**963 CRANDON BLVD**

3. Mailing Address  
**PO BOX 49-0042**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**KEY BISCAVNE, FL**

City & State  
**KEY BISCAVNE, FL**

Zip  
**33149**

Country  
**USA**

Zip  
**33149**

Country  
**USA**

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

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

7. Name and Address of New Registered Agent

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 *Olga M. Davis, President* **01-23-03**

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, 2003 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, OLGA M.	
STREET ADDRESS	125 E INIO DR.	
CITY-ST-ZIP	KEY BISCAVNE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAVIS, LORETTA K.	
STREET ADDRESS	106 GRAPE TREE DRIVE	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE: *Olga M. Davis* **01-23-03 (305) 361-3222**

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

CR2E034 (10/02)