

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K84734

1. Entity Name

DADE MEDICAL MANAGEMENT, INC.

**FILED**  
Feb 04, 2000 8:00 am  
Secretary of State

02-04-2000 90051 023 \*\*\*150.00

Principal Place of Business

8950 N KENDALL DR  
SUITE 401  
MIAMI FL 33176  
US

Mailing Address

8950 N KENDALL DR  
SUITE 401  
MIAMI FL 33176-2132  
US

914720



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8950 N. Kendall Dr  
Suite, Apt. #, etc.  
Suite 401  
City & State  
Miami, FL

3. Mailing Address

8950 N Kendall Dr  
Suite, Apt. #, etc.  
Suite 401  
City & State  
Miami, FL

4. FEI Number 65-0126340

Applied For  
Not Applicable

Zip Country  
33176 USA

Zip Country  
33176 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M.  
4000 HOLLYWOOD BV  
STE 485 SOUTH  
HOLLYWOOD FL 33021

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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	PT	<input type="checkbox"/> Delete
NAME	MELLA, NANCY	
STREET ADDRESS	8950 N. KENDALL DR. SUITE 401	
CITY-ST-ZIP	MIAMI FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Nancy Mella Nancy Mella 11/10/2000 (305) 5983450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)