FILED
Jun 30, 2002 8:00 am
Secretary of State
06-30-2002 90230 035 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K 84734

1. Entity Name
DADE MEDICAL MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

B0126314

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8950 N. KENDALL DR.		8950 N. KENDALL DR.	
Suite, Apt. #, etc.: 401		Suite, Apt. #, etc.: 401	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33176	Country: USA	Zip: 33176	Country: USA

4. FEI Number: 65-0126340 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name: KRAMER, ROBERT M.
Street Address (P.O. Box Number is Not Acceptable): 4000 HOLLYWOOD BLVD
SUITE 485 SOUTH
City: HOLLYWOOD FL Zip Code: 33021

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	TITLE	
NAME	MELLA, NANCY	NAME	
STREET ADDRESS	8950 N. KENDALL DR., STE. 401	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

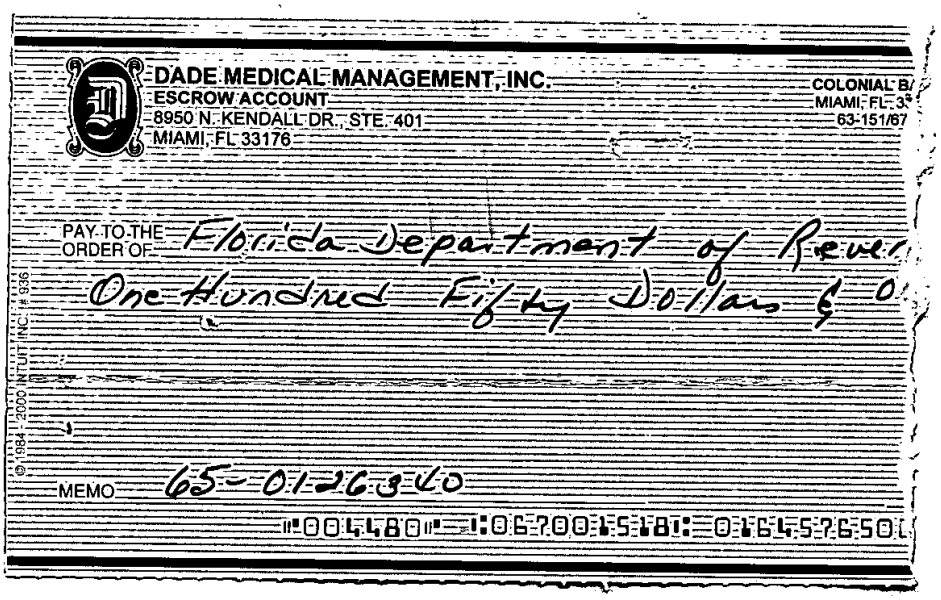
DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Mella — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/1/02 — Daytime Phone #

Attachment
DH 184734
B0126334



DADE MEDICAL MANAGEMENT, INC.
ESCROW ACCOUNT
8950 N. KENDALL DR., STE. 401
MIAMI, FL 33176

COLONIAL B/
MIAMI, FL 3
63-151/67

PAY TO THE ORDER OF Florida Department of Revel

One Hundred Fifty Dollars & 0

MEMO 65-01263-60

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