

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006655

1. Entity Name

MM MEDICAL REVIEW, LLC

Principal Place of Business

~~19355 TURNBERRY WAY~~
~~SUITE PH-J~~
~~AVENTURA FL 33180~~

Mailing Address

~~19355 TURNBERRY WAY~~
~~SUITE PH-J~~
~~AVENTURA FL 33180~~

2. Principal Place of Business

3. Mailing Address

c/o 4620 TURNBERRY LAKE DR., #106

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PELICAN SOUND

City & State

City & State

ESTERO, FL

Zip

Country

Zip

33928

Country

4. FEI Number

65-1032755

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALAMUT, DR. MARVIN

~~19355 TURNBERRY WAY~~ c/o 4620 Turnberry Lake Dr. #106
~~SUITE PH-J~~ Pelican Sound
~~AVENTURA FL 33180~~ Estero, FL 33928

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

Marvin Malamut

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Malamut, Dr. Marvin
c/o 4620 Turnberry Lake Drive, #106
Pelican Sound, Estero, FL 33928 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Marvin Malamut

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/21/01

APPROVAL
AND
FILED

01 MAY -7 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE