

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90596 050 \*\*\*\*50.00

958217



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L00000006655**

1. Entity Name

**MM MEDICAL REVIEW, LLC**

Principal Place of Business

**C/O 4620 TURNBERRYLAKE DR. #106  
 PELICAN SOUND  
 ESTERO FL 33928**

Mailing Address

**C/O 4620 TURNBERRYLAKE DR. #106  
 PELICAN SOUND  
 ESTERO FL 33928**

2. Principal Place of Business

**21877 MASTERS CIRCLE  
 Suite, Apt. #, etc.**

3. Mailing Address

**21877 MASTERS CIRCLE  
 Suite, Apt. #, etc.**

City & State  
**ESTERO FL**

City & State  
**ESTERO FL**

4. FEI Number **65-1032755**

Applied For  
 Not Applicable

Zip  
**33928**

Country

Zip  
**33928**

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MALAMUT, DR. MARVIN  
 C/O 4620 TURNBERRYLAKE DR. #106  
 PELICAN SOUND  
 ESTERO FL 33928**

7. Name and Address of New Registered Agent

Name  
**DR. MARVIN MALAMUT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**21877 MASTERS CIRCLE**  
 City  
**ESTERO** FL Zip Code  
**33928**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
**MGRM** ☐ Delete  
 NAME  
**MALAMUT, DR. MARVIN**  
 STREET ADDRESS  
**C/O 4620 TURNBERRYLAKE DR. #106**  
 CITY-ST-ZIP  
**ESTERO FL 33928**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
**MGRM** ☒ Change ☐ Addition  
 NAME  
**DR. MARVIN MALAMUT**  
 STREET ADDRESS  
**21877 MASTERS CIRCLE**  
 CITY-ST-ZIP  
**ESTERO FL 33928**

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

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

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

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, D.O.**

**3/2/02 (941) 949-0155**

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

Date

Daytime Phone #

CR2E083 (9/01)