

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

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90014 045 ***150.00

DOCUMENT # <i>L00000006655</i>	
1. Entity Name MM MEDICAL REVIEW, LLC	

10104456

DO NOT WRITE IN THIS SPACE	
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		C/O 21877 MASTERS CIRCLE	
City & State		City & State	
ESTERO FL		ESTERO FL	
Zip	Country	Zip	Country
33928	USA	33928	USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number		Applied For
	65-1032755		<input checked="" type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
Name DR. MARVIN MALAMUT			
Street Address (P.O. Box Number is Not Acceptable) C/O 21877 MASTERS CIRCLE			
City ESTERO			
State 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	MANAGING MEMBER	TITLE	
NAME	DR. MARVIN MALAMUT	NAME	
STREET ADDRESS	C/O 21877 MASTERS CIRCLE	STREET ADDRESS	
CITY - ST - ZIP	ESTERO, FL 33928	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Dr. Marvin Malamut* **DR. MARVIN MALAMUT** **5/9/03**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034B (12/02)